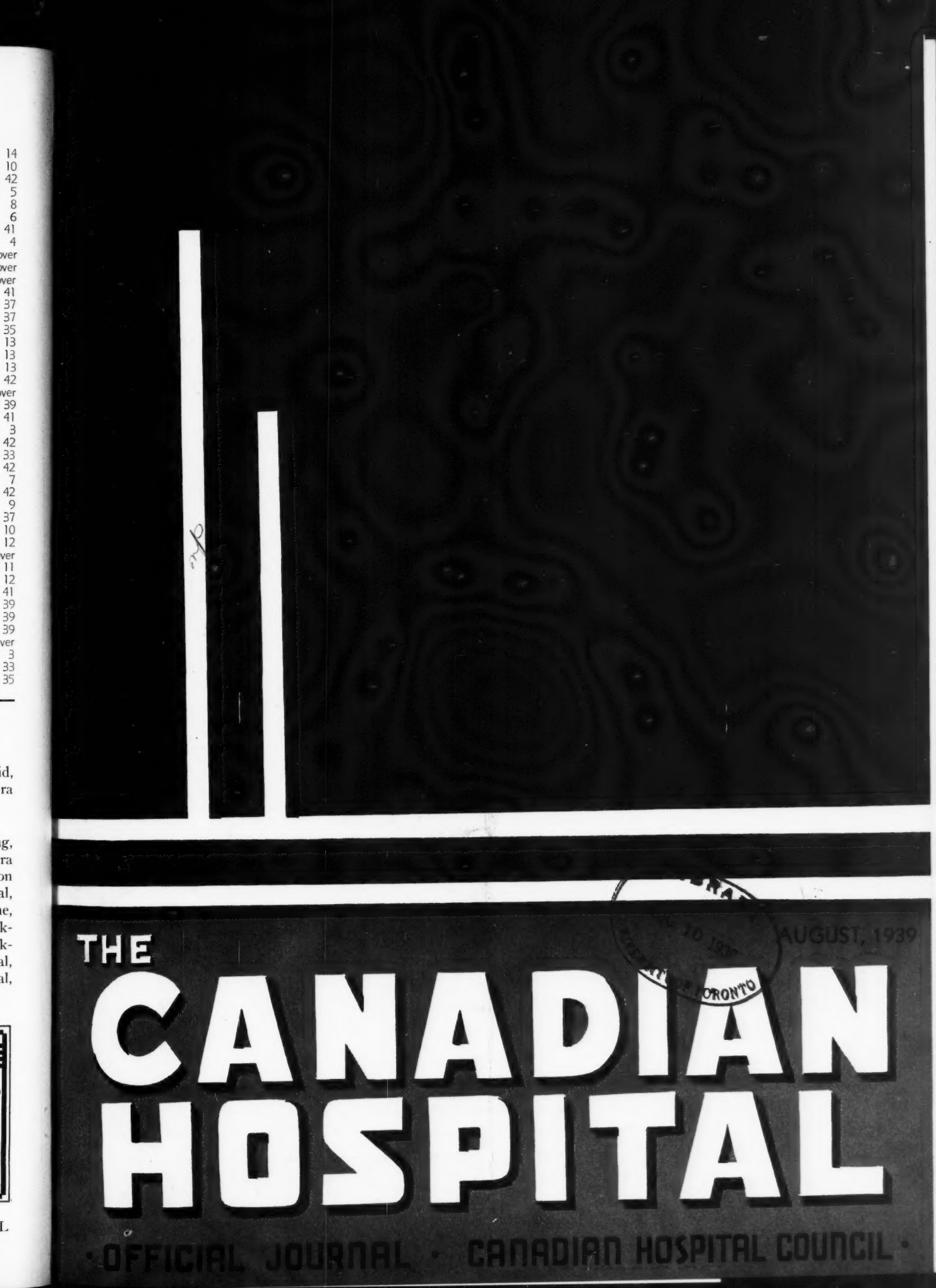

AUGUST, 1939

THE CANADIAN HOSPITAL

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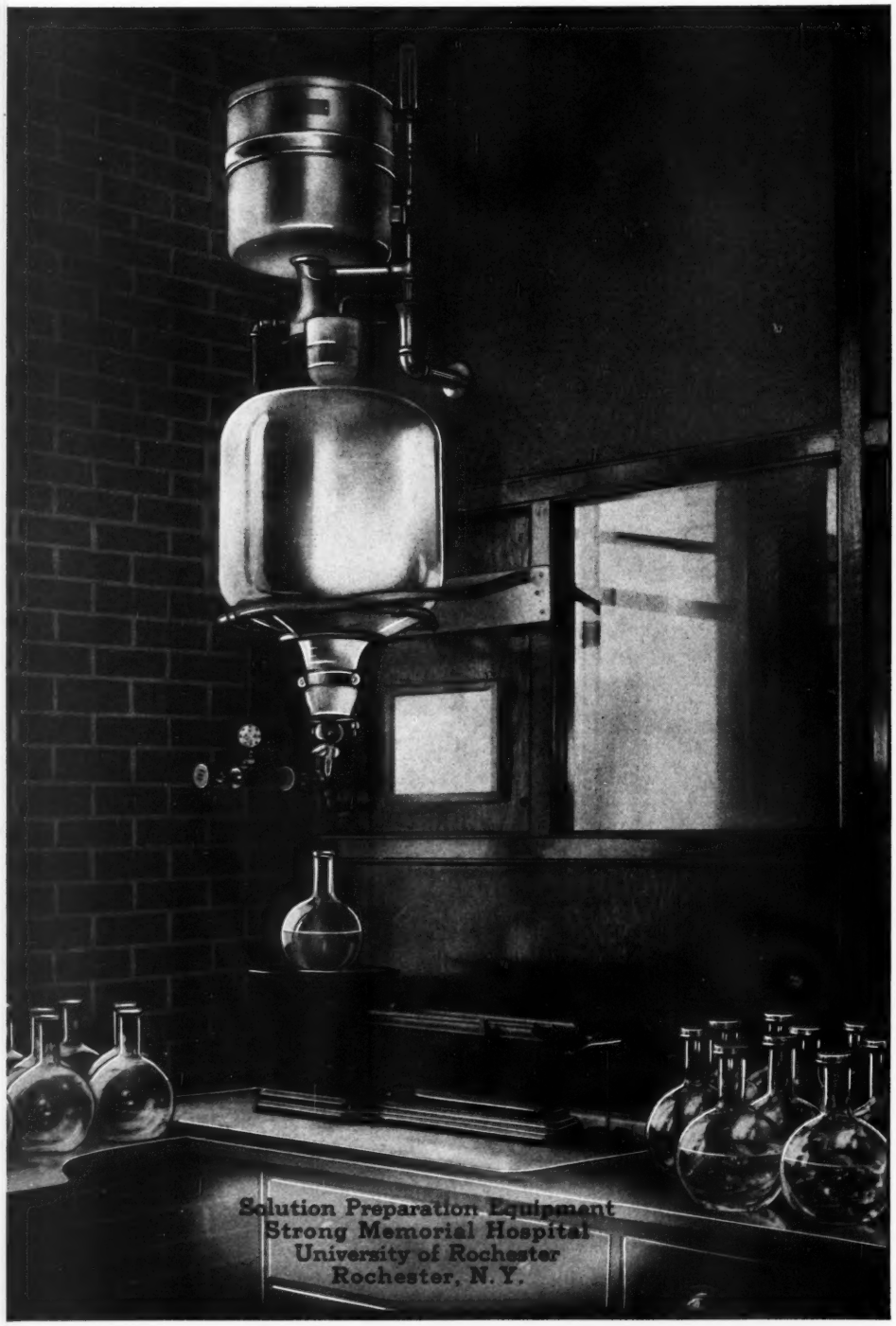

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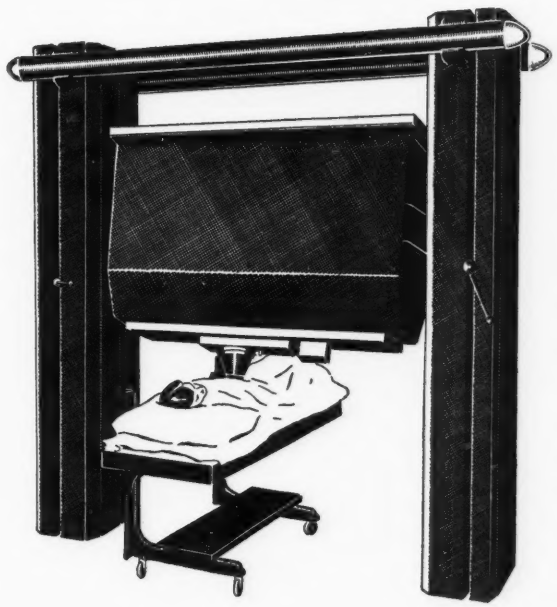

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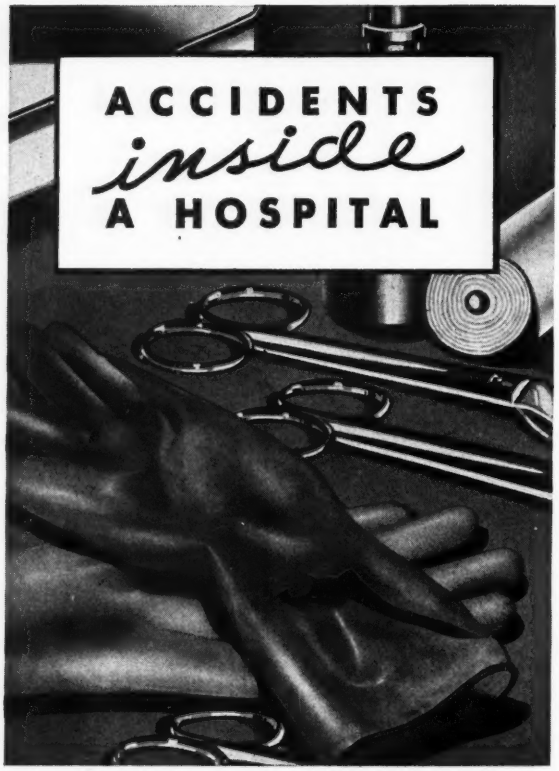

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"The Canadian Hospital"

Official Journal of the
Canadian Hospital Council

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RECENT ADVANCES IN THE SCIENCE OF NUTRITION

V. Factors Affecting the Vitamine C Contents of Foods

● Recent development of the chemical method for estimation of ascorbic acid (1) has permitted more thorough study of factors determining the vitamine C contents of foods. Circumspectly used, the 2, 6 dichlorphenol-indophenol or "indicator" titration method for vitamine C determination has proven an invaluable tool in this phase of research.

It is now apparent that the vitamine C content of food at the time of consumption is conditioned, first, by the initial ascorbic acid content of the food at the time of harvesting, and second, by the treatment to which the food is subjected between the time of harvesting and the time of consumption.

The initial vitamine C level in raw foods has been found to depend on factors such as variety, maturity and growing conditions (2). Under usual conditions of food crop production, such factors are only partially subject to human control. However, the factors influencing vitamine C in foods from harvesting until consumption are capable of closer regulation by man.

For example, it is known that long storage at improper temperatures adversely affects the initial ascorbic acid contents of foods. Even at refrigeration temperatures raw foods may lose substantial amounts of vitamine C during storage. Rough handling—which causes rupture of vegetable tissue—is also conducive to vitamine C loss especially when followed by improper storage. Certain metals will catalyze vitamine C destruction and even commonly used home-cooking methods are attended by losses of this essential dietary factor (2).

Briefly, preservation of vitamine C in foods between harvesting and consumption is essentially a problem of preventing or reducing oxidation, either enzymatic or atmospheric. In addition, physical or solution losses must be minimized in preparation of the food for the table. It is pertinent to note that modern commercial canning procedures are well adapted to control both these chemical and physical losses of vitamine C (3).

The use of prime raw stock and quick transport to the cannery after harvesting; rapid inactivation of enzymes through heat treatment; and large scale automatic operations with minimal exposure to air, are basic practices common to all modern canning procedures. All serve to check oxidative losses of the initial ascorbic acid present in raw foods. In addition, during canning, the foods are cooked by the heat process while contained in the sealed can. The liquid within the can, therefore, retains vitamine C which has been removed from the food by solution.

Researches have shown that many commercially canned foods are to be listed among the most valuable contributors of vitamine C to the diet of the Canadian people (2, 3, 4). Such findings demonstrate the effectiveness of modern commercial canning procedures in preservation to the highest practical degree of the initial vitamine C contents of foods.

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(1) 1932. Ztschr. Untersuch. d. Lebensmitt. 63, 1.
1933. J. Biol. Chem. 103, 687.
(2) 1938. J. Amer. Med. Assn. 111, 1290.
(3) 1932. Ind. Eng. Chem. 24, 650.
(4) 1938. J. Amer. Med. Assn. 110, 650.
1937. Bull. 19-L Nat'l. Canners Assn., Washington, D. C., 4th Ed.

Harvey Agnew, M.D.,
Editor

The CANADIAN HOSPITAL

August, 1939 Vol. 16 No. 8

Canada's First Hospital Celebrates Its Tercentenary

300th Anniversary at Hotel Dieu, Quebec

By G. H. A.

TO spend three long months on the restless Atlantic, fighting "ship fever" and other illnesses, to finally land at Quebec and face almost immediately and with inadequate equipment epidemics of smallpox and typhus among colonists and Indians and attacks by hostile tribes—such was the fate of the three young sisters who set out from Dieppe in 1639 to found the first hospital in French America. Actually, with the possible exception of one in Mexico, it was the first in North America.

To celebrate this historic occasion, a fitting program has been arranged by the sisters at the Hotel Dieu for the latter part of this month. During the week of August 21st a number of religious and secular ceremonies and observances will take place. On August 24th and 25th the Quebec Conference of the Catholic Hospital Association will hold its annual convention.

The story of the founding and early days of the Hotel Dieu at Quebec is a fascinating one. When the call for a hospital went back to France, Madame de Comballet, Duchess d'Aiguillon, niece of the famous Cardinal Richelieu and a young widow of some means, undertook to meet this need by her own efforts. For nursing sisters she appealed to the order of Augustinians at Dieppe, one of the oldest orders of hospital nuns in France.

Three young sisters, Marie Guenet de St. Ignace, Anne Lecointre de St. Bernard and Marie Forestier de St. Bonaventure, ranging in age from 22 to 29 years, were sent out. Although their public reception was festive enough—a declared holiday, guns booming, flags, a procession—they found preparations for their housing had been delayed and it is related that at first they had to sleep on balsam boughs. Unfortunately these branches were full of caterpillars.

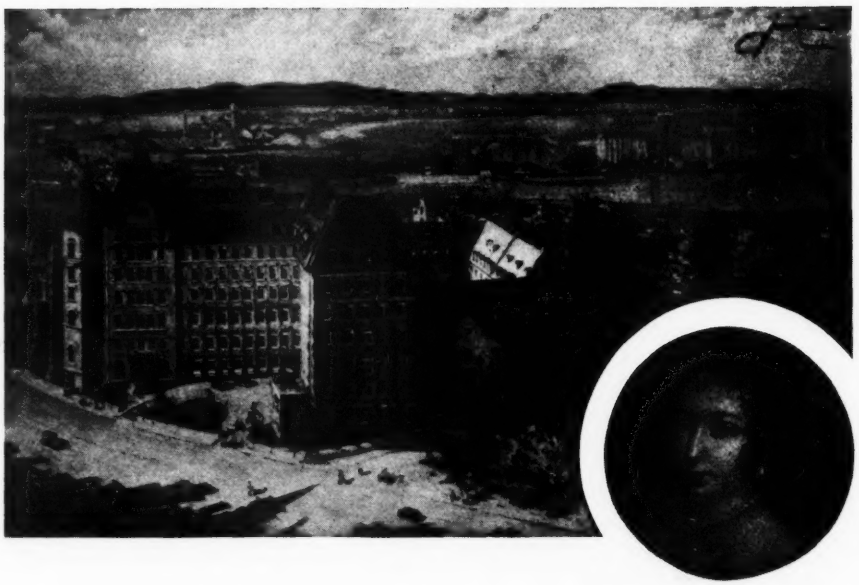
Hotel Dieu in 1825. No authentic pictures are available of the early structures.

This first hospital, lent by the Company of the Hundred Associates, consisted of four rooms and two closets. The furniture consisted of a plank on posts, functioning as a table, and two benches. There were no beds. The Duchess d'Aiguillon had obtained a grant of land for the hospital, but the sisters found it quite unsuitable for their work. The next year they moved to Saint-Michel and shortly afterwards erected a house at Sillery which was occupied until, in the spring of 1644, the increasing raids of the Iroquois made it impracticable to remain there.

During these early years the sisters encountered the most difficult situations. The Indians, with no natural immunity to the white man's diseases, suffered terribly from smallpox, tuberculosis and other diseases new to them.

Every ship coming from Europe or any distant point brought soldiers and sailors suffering from ship's fever, largely due to avitamosis or typhus, and frequently introduced new epidemics. Almost at once the sisters were overwhelmed with patients—soldiers, sailors, colonists, Indians.

J. J. Heagerty of Ottawa, in his "Four Centuries of Medical History in Canada"



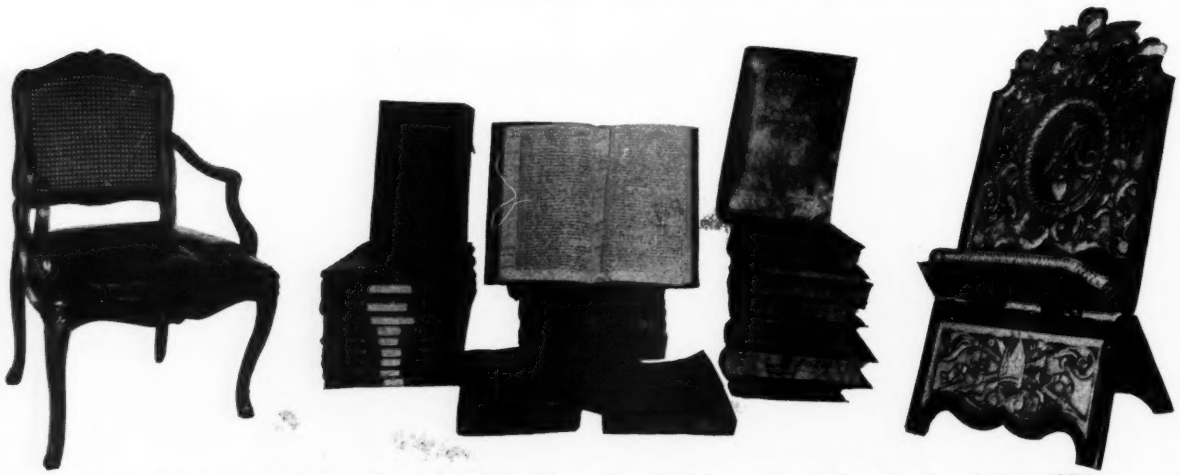
The Hotel Dieu, Quebec City, as it is to-day. Inset: The Duchess d'Aiguillon, foundress of the hospital.

quotes a Jesuit chronicler of this period: "instead of taking a little rest and refreshing themselves after the great discomforts they had suffered upon the sea, they found themselves so burdened and occupied that we had fear of losing them and their hospital at its very birth. The sick came from all directions in such numbers; their stench was so insupportable; the heat so great, the fresh food so scarce and so poor in a country so new and strange, that I do not know how these good sisters, who had not even leisure in which to take a little sleep, endured all these hardships. In brief, from the month of August until the month of May more than 180 patients entered the hospital, and more than 200 poor savages found relief there."

Naturally medical and nursing knowledge was primitive in those days and the mortality was appalling. The sisters were constantly being stricken themselves. "To join the order of nursing sisters in those days meant death; yet their ranks were always filled." One Jesuit father wrote: "I have often seen the sisters so overwhelmed by the long continued work which they had to do that they were utterly exhausted. Yet I have never heard them complain, either that there were too many patients or seen them shrink from the danger of infection, or become impatient over the trouble that they had to take with their patients." (Walsh).

Without realizing the import of their achievement, the sisters did set two pioneer records for America. They established the first out-patient department and district visiting nurse system in the new world and, when they found it necessary to train Indian women to assist them in caring for the sick they created our first school for the training of nurse attendants.

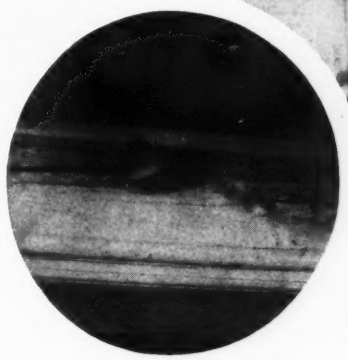
In the beginning the Duchess d'Aiguillon undertook to give the sisters an annual grant of 1,500 livres. The following year she promised 40,000 livres for the construction and maintenance of a new hospital. The need for enlargement was ever obvious. Every new epidemic, every arrival of ships, every time a church residence was burnt, taxed the hospital accommodation and threw added strain



Left: An armchair left to the hospital by Mme. Des Meloises who died at the hospital in 1772. Centre: Patients records from 1689 to the present day. Right: A reading desk with the arms of the Duchess d'Aiguillon engraved upon it.

upon the nursing sisters. In between times there was always the fear of Indian attacks. A more pretentious structure, again financed by the Duchess d'Aiguillon and her friends, was erected in 1654. In 1662 they were able to build upon property purchased many years earlier at St. Sauveur. Monsieur Talon, in 1672 further enlarged the then hospital at his own expense. Ten years later when most of Quebec was burnt, the homeless flocked to the hospital. When Phips attacked Frontenac at Quebec in 1690, the sisters buried the silver and the sacred vessels and were compelled to leave the hospital to the soldiers who used up all the food and fuel and tore up the flooring and the joists for fortifications.

Unfortunately, many of the records of this early period and nearly all the equipment have been lost to posterity because of a destructive fire in 1755, which conflagration also took the life of Mere Marie Anne de la Joue. The hospital was rebuilt by 1757 but two years later, the sisters had to abandon it during the siege of Quebec. Five sisters did remain on guard despite the fact that fifteen bombs fell on the buildings and such a large number of cannon balls that the place was ruined. The British then rented the building until 1784, when it was again returned to the sisters.



These wooden figures of the seventeenth century are kept in a small vaulted subterrancan room where mass was celebrated during the siege of Quebec. Inset: A cannon ball splintered this beam.

Since then the hospital has shown steady growth. In 1930 the present very modern main building was erected. It is now a 350-bed hospital, up-to-date in every respect, an integral unit of the medical school of Laval University and with a progressive medical staff. Despite its modernity, however, one can be quickly carried back to its colourful past, for the hospital maintains a small museum in which has been collected an interesting array of old documents, records, medical and nursing equipment, pictures and other relics connecting the hospital of to-day with its stirring and glorious earlier days.

Nazi Health Statistics Not So Good

In the last few years the Nazis blazoned their "Strength Through Joy" movement. Tourists were shown parades of blond youths and physical culture demonstrations. But the true story of Nazi Germany's achievements is now revealed in the Reich's official reports on health, crime and food conditions. Here it is seen that the Nazi system has brought neither strength nor joy to the masses, but on the contrary has forced down the health, nutrition and morale of the population.

The current social statistics in Germany must cause grief to all who in the past labored to raise Germany's standards. Since the Nazis seized power in 1933 death rates have gone up, not only among adults who were tortured in concentration camps and from other causes, but also among children. The death rates of children between one and five years of age increased 12.5 per cent among girls and 20 per cent among boys. Cases of diphtheria and scarlet fever have doubled; the number of diphtheria cases, for example, increased from 77,340 in 1933 to 149,424 in 1938 (excluding Austria). The number of cases and deaths from dysentery, meningitis, trichinosis and food poisoning increased up to 300 per cent. Especially significant is the large number of food poisoning cases. These rose from 1,565 in 1933 to 3,674 in 1936. And the most startling part is the disclosure that 75 per cent of the German male population has had some form of venereal disease at one time or another.

Equally startling is the data on crime. The German Reich Year Book shows that sex crimes have increased four-fold in the past four years. The publication, Der Deutsche Weg, comments on the fact that in the one year, 1936-7, the number of youths convicted for sex crimes increased from 1,463 to 2,374, and that during the first quarter of 1938, 109 girls were convicted of child murder.

The food crisis is also illuminated both by the German press and by officials. Physicians report an increase in food deficiency diseases, such as scurvy, pellagra, rickets, anaemia and general debilitation.

The labor decrees have increased working hours, decreased wage rates and brought back the system of child labor. The race decrees have expelled Jewish physicians, while the army has absorbed "Aryan" doctors. This has created a serious shortage in medical services for the people. The camouflage of the "Strength Through Joy" movement is now clearly seen also by many Germans who at present suffer in silence.

—From the Toronto Daily Star.

Achieving Economy in Hospital Management

Four Essential Factors

By ESTHER WOLFE, R.N.
Superintendent, St. Andrew's Hospital, Minneapolis, Minn.

1. Efficiency of Personnel

TO achieve efficiency in hospital organization, we must strive to maintain a harmonious and smooth working group. This implies leadership—leadership not only on the part of the administrator, but by the heads of departments and other designated persons as well. While leadership is of prime importance, other qualities are also essential—such as diplomacy, tact, understanding, a knowledge of human nature and ability to lead and teach one's associates.

In order to secure the best service every employee must be fitted to his job; he must have the necessary capacities and interests. By capacities we mean his natural assets, such as education, skill, and aptitude. The worker's interest has a bearing on his efficiency, for if he lacks interest in his work, his interests will clash and he will be maladjusted.

An intelligent girl, with a high school education and who showed exceptional ability as a diet kitchen employee, was encouraged to take night school work, and was placed in the office, where her whole social condition was improved. As a result she actually is of more value to the hospital and has a brighter outlook for the future. If a competent, ambitious person, who could be of increasing value to an organization, sees no opportunity for advancement, he will be quick to take advantage of an opening elsewhere and the hospital bears the loss.

The better we become acquainted with the problems of each department the less critical and more co-operative we become. Conferences should be held regularly with the heads of departments; moreover the latch to the door of the hospital administrator should always be open, making every worker feel that he has an opportunity to air his grievance or to offer any criticism. I know of a hospital where the non-professional group have organized for both business and social means. They have termed themselves "The Co-operators" and hold regular meetings wherein the "boss" is occasionally invited to participate and give explanations to problems, the group talking matters over in an informal way. Much goodwill has been created and many "blow ups" have been averted. These "get togethers" teach them to think *co-operatively* and tend to cultivate an open mind. It also gives the worker a sense of belonging to the institution.

In every department routine *health examinations* should be made. Department heads should know of any physical condition that might be detrimental to the health and happiness of the employee. It is very important to have Wasserman tests done on every individual, especially on those handling food.

Where the hospital provides food for its personnel, it should be of good quality, well cooked and tastefully served. The success of the hospital is due largely to the contented well nourished employee.

While conditions for rest and recreation are important, those for work are equally so. Fresh air, sufficient light for work, and a moderate temperature, are all conducive to optimum performance. Care should be taken that the many sources of danger about a hospital are guarded as well as possible. Having the employee report the slightest injury may seem annoying at times but has prevented many serious conditions.

In order to maintain standards of efficiency, department heads should exemplify high standards of manhood and womanhood; their private and professional lives should command respect and confidence and inspire the worker to good conduct. To encourage the department heads to keep abreast of the times in the field, the hospital should furnish him with the leading magazines and periodicals pertaining to his work. He should be encouraged to attend meetings and conventions held by his own organization. The return to the hospital for this small outlay of time and money is very gratifying. By tact, good will, and consideration it is quite possible for any administrator to improve the attitude of employees and better the spirit of participation.

The importance of personnel cannot be stressed too highly. The highest efficiency at all times, good judgment where a life may hang in the balance, human understanding and kindly tolerance and need for constant realization of the greatness of the work in which we are engaged, all these are essential for successful hospital operation.

2. Management of Food Service

Food costs represent a large portion of the hospital expenditure. Purchasing, preparation, and service are three very important factors in the management of food. It has been said that by watching what comes in and how it is prepared and served, ninety percent of one's food waste can be controlled.

There is only one person qualified to successfully operate a hospital kitchen, and that is a graduate dietitian. She should be in complete charge of her department, should hire and supervise her own help, and purchase supplies and plan her menus without interference.

It is through the dietary department that we can do some of our most effective publicity work, for food is one of the most important factors in hospital service. Very often patients are more interested in their food than in what the physician has done for them. Therefore much thought must be given to the quality, preparation, and service of food.

A central tray service using dumb waiters has many advantages. It eliminates odor of food in preparation on the floors and reduces noise. Proper amounts of food

Presented at the American College of Surgeons Sectional Meeting, Winnipeg, 1939.

can be served and mistakes in diet are minimized, for trays can be more closely supervised by the dietitian. The amount of personnel and equipment is reduced, for this service eliminates the steam tables and necessitates only electrically heated food conveyers. Checking the trays, noting which foods are returned, aids the dietitian in planning more satisfactory menus. Breakage of china, loss of silverware and pilfering are greatly reduced by this system of tray service.

Nourishments become a large item of expense and can best be controlled by being served from the main diet kitchen. Having some one on duty in the nourishment kitchen twenty-four hours a day to take care of all signed requisitions coming from the supervisors reduces the costs and tends to improve the service.

The daily visit of the dietitian or her assistant to the patient is of inestimable value. Hospitals live and grow on favorable public opinion and good will and our dietitians are important salesmen for us.

3. Control of Linen and Supplies

Centralization is the key word for efficiency in the purchasing and issuing of supplies. In order that the administrator be able to control all buying, he must be conversant with all the general operating conditions, with the requirements, and must co-operate well with the heads of all departments. He must also have adequate knowledge of materials, so as to buy on the basis of quality. Much valuable information can be gained from salesmen who should know more than anyone else about their particular commodities.

Every hospital should secure space for a central store room or supply room. Proper storage of supplies is as important a factor in saving as proper purchasing. See that there is no unnecessary waste because of dampness, heat or deterioration. This room should be equipped with shelving of proper size and height, with bins of ample size and with cubicles for small articles. In order to systematize the work in the store-room, articles or supplies pertaining to one department should be segregated from those of another; for instance, it is well to have all of the janitor supplies in one space and surgical supplies in another.

It is convenient to set aside specific days for ordering weekly supplies of different articles; that is, Monday for stationery, Wednesday for medical and surgical supplies, and Thursday for glassware and china.

For all ordinary supplies, the signature of the department head is sufficient for the storeroom clerk to issue supplies. For extraordinary supplies and equipment, the signature of the administrator should be required. Articles which are worn or broken should be presented to the store-room clerk for exchange on the day on which that particular commodity is being issued.

Efficient management of the hospital lies in the supervised control of hospital supplies.

The matter of linen is equally as important from the standpoint of control. Any system using the minimum of linen stock and minimum number of employees is the most economical method of control.

Dr. MacEachern has described two established methods, which I will outline briefly. These are the *departmentalized linen supply* and the daily requisition or *centralized linen supply*. Under a departmentalized system each department such as the operating room, the dressing room and each floor has its own supply, distinguished by specific marking. This system requires a large amount of linen stock and much counting before the exchange can be made. However, the careful counting and constant watch over the linen supply keeps the losses down to a minimum.

The daily requisition or centralized system takes care of the issuance of linen from the central or common supply room. All linen is marked for the special departments, but the bed linen may be used on any and all hospital beds. This method requires the least amount of linen and all the linen worries would be on the linen department rather than on the supervisors. The linen girl or porter delivering the linen to the departments has an opportunity to check on the linen delivered, the supervisor checking the nursing department.

Inferior linen of any type will soon prove expensive, as it must be constantly replaced. It is economical to use the best quality linen on all beds and in every department at all times. Linen that is mended to the point where it is not suitable to be used for private rooms should be removed from regular service and utilized in some other manner.

Sewing clubs of various organizations who volunteer workers for the hospital sewing room have been the means of great savings in many hospitals. Not only can these women be taught to do careful mending and repairing, but many articles can be manufactured from both old and new materials at a saving on the price of the ready made article.

4. Handling of Drugs, Chemicals, Vaccines, and Serums

This department requires competent supervision to ensure that adequate amounts will be available when needed and that quantities purchased be not in excess of demands, or changing therapeutic fancies.

Stable non-deteriorating supplies are issued to each floor. Frequent inventories of these supplies are checked against medication charges.

Biologicals, vaccines, and serums are best stored in a refrigerator and distributed from a central source.

Floor supervisors trained in therapeutics and materia medica, with a knowledge of what drugs are available in the institution, frequently make possible a reduction in the number of items to be stocked and the minimum duplication of items. Properly approached, staff physicians will co-operate in eliminating wastes caused by having several brands of one item. It is very rare that a quality product backed by a reliable name will not be suitable to the attending physician.

Items constantly in use should be purchased in quantity to obtain a fair price. However, it is unwise to purchase a large supply of an item merely to receive an extra discount without due consideration as to how long the supply will remain in the hospital.

Most hospitals are supported, to some extent, at least, by the communities in which they have been established. This responsibility for the use of public funds demands close attention to any measure that may prove economical.

EYES FRONT!

Pioneer Orthoptic Clinic at Winnipeg Reports Excellent Results

KATHLEEN G. CORKE, R.N.,
The Children's Hospital of Winnipeg.

IN the treatment of squint (or "cross-eyes") the value of orthoptic training has in the past been recognized and used to some extent. However, it is only in recent years that the increase in the use of these methods of muscle re-education has developed training centres for qualified orthoptic technicians and made possible the establishment of departments of orthoptics in eye clinics. To-day no eye clinic should consider its service complete without some attempt being made to provide such treatments for patients with squints.

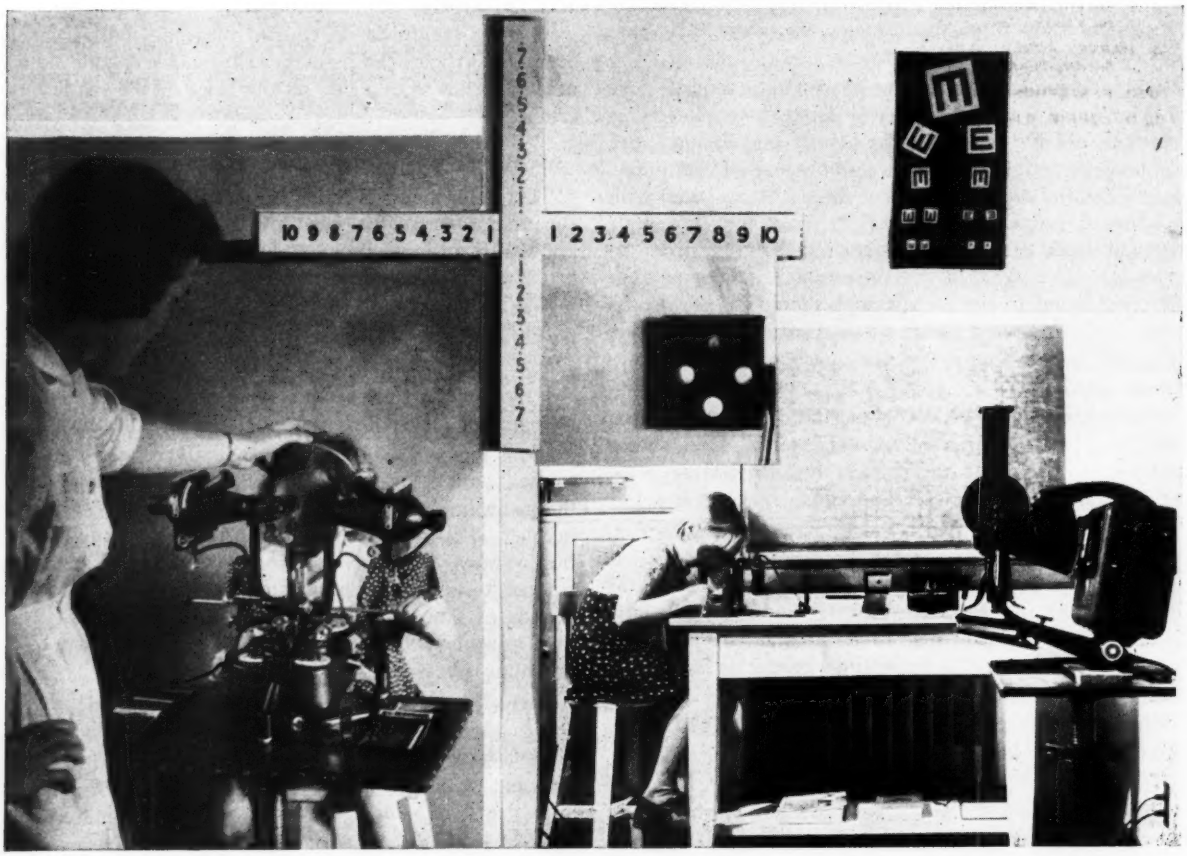
In September, 1937, this Hospital equipped and opened a Department in Orthoptics and with such success that it now finds it necessary to expand the Department by provision of more equipment and the addition of another technician.

The requirements for an Orthoptic Department are comparatively simple, but it is most important to have the full co-operation of the attending Ophthalmic Staff and to ensure that all treatment be under close supervision by this staff. In order to conform to the regulations of the British Orthoptic Board in London, as approved by the British Council of Ophthalmologists, all cases must be referred for treatment by a recognized Ophthalmic surgeon and must be treated by a qualified Orthoptic Technician.

A room at least 25′ x 10′ or 15′ should be available. This space will allow for the use of three instruments by two technicians and provide the necessary dimensions for visual and phoria tests.

Good window light is necessary with preferably a northern exposure and provision for complete darkening. One wall at the end of the room must be left free for Test Types, Worth's Lights and Maddox Tangent Scale.

Sufficient wall plugs allowing for double sockets must



On the left is the Synoptophore; above is the Maddox Tangent Scale and the Worth's Lights; to the right is the Cheiroscope (down into which the child is looking) and, on the table, the Diploscope, the Remy Separator, the Maddox Wing Test and the Perimeter. On a stand to the extreme right is the Rotoscope.

The Children's Hospital of Winnipeg —Courtesy Winnipeg Free Press.

be available for service to the Worth Lights and other instruments.

There are many instruments on the market for such work and those to be used will depend on the preference of the personnel of the clinic, and their experience with the various types. However, essential to any orthoptic clinic are the following:

One Synoptophore
1 set Worth's Lights
Maddox Tangent Scale and rod
Reading Bar
One rotary instrument (Stereorthopter, Rotoscope, Myoculator)
One Cheiroscope.

In addition to these there are The Remy Separator, Diploscopes, Variable Prisms, Stereoscopes, etc., that could be added as the Clinic develops.

For successful development of the clinic it must be recognized that all cases will not be suitable for treatment; disappointments in such cases will do much to discourage the staff and patients. It is essential that all strabismus cases attending the clinic during the last few years be examined and classified as to their suitability for treatment and such cases must have the following general qualifications:

1. Desire to have treatment.
2. Ability to attend regularly.
3. Parental co-operation.
4. Normal mentality.
5. Reports from the Ophthalmologists showing:
   1. No abnormality in fundi or any media of the eye.
   2. Concomitant strabismus or heterophorias.
   3. Refraction error, if any, corrected by glasses.

Further subdivision may be made by the Ophthalmologist in charge.

Since the opening of this clinic in September, 1937, the following procedure has been used for the division of patients into classes for treatment attendance:

Patients:

1. Semi-weekly—receive treatments Monday and Thursday, Tuesday and Friday.
2. Weekly—receive treatments Saturday morning and those patients are usually nearly finished treatment.
3. Irregulars (attend twice monthly to every six months):
   (a) Vision amblyopic
   (b) Too young
   (c) Discharged cases returning for check-up.
   (d) New cases for examination and classification.

   (This group attends Wednesdays.)

The actual time for treatment for each patient must be at least twenty minutes. This will allow thirty minutes for each case and in addition to time allowed for treatments, the technician should have time available to attend eye clinics and consult with doctors and patients. A maximum of treatments for one technician would be 15 a day.

During our first year of operation we had 139 patients who were provided with 3,061 treatments, with the following results:

31 cured
2 cosmetic result only
14 did not attend
82 still on treatment.

As a result of the first year we feel that due to the recognition by the profession of the value of the clinic and the increasing number of patients applying we must expand the department. Also it is recognized that only one technician in a new field where experienced "reliefs" cannot be obtained does not make for efficient continuity of treatment where such is so essential. This is especially important in post-operative cases where prompt and continuous treatments are valuable adjuncts to a successful operation. Sickness and vacations must be provided for and a second technician should always be available.

The initial expenditure for the installation of such a clinic may seem large, but the maintenance costs are small with exception of the salaries of technicians. However, such a clinic well conducted and with the co-operation of the Ophthalmologists in the community can be revenue bearing.

$15,000 to Mt. Carmel Clinic

Mt. Carmel Clinic of Winnipeg, which is a non-sectarian institution offering medical and surgical aid to indigents, has been left $15,000 by the late Fred M. Sures, provided that within ten years the clinic's present out-door facilities be extended to that of a hospital.

$22,000 Decision Against Intern and Nurse

Action Against Ottawa Civic Hospital Dismissed

DAMAGES of $22,000 with costs were awarded Abraham Azar against Eunice Paul, nurse-in-training at the Ottawa Civic Hospital and Dr. Joseph Giardine, intern, in a judgment handed down by Mr. Justice Chevrier on June 21st. The details of the decision were received too late for inclusion in our July issue.

Action against the hospital was dismissed, but, because there was some finding of negligence against it, no costs were awarded to the defendant board.

The case was based upon the death of Mrs. Azar in the hospital last October after the injection of diarsonal. The attending physician had ordered mapharsen and the intern had told the nurse, "if there is no mapharsen I will use novarsan." Apparently the nurse did not hear the message distinctly and, not finding the drug requested, had put diarsonal on the tray. Dr. Giardine, although he picked up the ampoule, did not read the label, with the result that the injection of the drug without further preparation caused the patient's death.

Negligence Found

In his decision, Mr. Justice Chevrier held that the failure of the intern

> "to acquaint himself with the nature of the contents of the ampoule was a breach of the duty to take care".

He pointed out that the doctor has the right to assume that matters of routine had properly been taken care of by the nurse, when she has the necessary qualifications, but there is a limit to that assumption.

> "It is my opinion that, when about to administer a drug, or, as in the present case, to give an intravenous injection, there was a duty of the doctor to acquaint himself with the nature of the drug which he was about to administer or inject into the patient's vein. . . ."

He further held that there was so much difference between the different types of ampoule that

> "no doctor, exercising the least of reasonable care, could fail to distinguish and differentiate them".

Nurse Paul, although using diarsonal, erred in preparing a tray as for the injection of one of the neoarsphenamin compounds. Nurse Paul

> "not being familiar with the administration of diarsonal, was, therefore, negligent in not making herself fully acquainted with the manner of preparing for and administering diarsonal, by failing (a) to read the printed directions that accompanied the ampoule of diarsonal in the carton; and (b) to follow the same."

Legal Status of Hospital

This decision is of considerable interest because of the interpretation given as to the relative responsibilities of the hospital, the intern and the nurse. Both the intern and the nurse were employees of the hospital. The responsibility of the hospital for their actions under the "master and servant" provision would depend upon whether the nurse (or doctor) was acting in a professional capacity or was acting in the discharge of routine duties. The nurse was a pupil nurse, who had passed all her prescribed examinations, but still had ten days of service to complete. The intern had passed the necessary examinations and was entitled to a licence to practice upon payment of the prescribed fee for his licence.

"I have already found here that Dr. Giardine acted in his professional capacity. I now find also that he was, at the moment he administered the drug, his sole master, and was not, for that purpose, under the control of the hospital.

"The hospital is therefore not responsible through Dr. Giardine."

As for the pupil nurse, it was held that preparation of the tray "for such purpose required professional skill, knowledge and training, and was not a matter of ordinary routine work".

It was further held "that the selection or the election by the nurse, to take diarsonal was a professional act; she used her skill and judgment. But it would have been a routine duty, if, after having read 'mapharsen' in the order book, she had gone to the drug drawer and taken therefrom an ampoule of mapharsen."

A number of other cases bearing on this point of routine or administrative service versus professional actions were quoted. These included the Vuchar versus Toronto General Hospital decision in 1937, the Fleming versus Sisters of St. Joseph, London, case 1937 and 1938, and a number of the earlier decisions. Mr. Justice Chevrier, concluded that the contributing cause of death was the negligence of Dr. Giardine in failing to acquaint himself with the nature of the drug he was about to administer and that the remote cause was the negligence of the defendant nurse in (a) failing to advise the intern of her substitution, (b) making this substitution, (c) in preparing the tray in the manner required for a product not requiring neutralization.

Port Arthur Mental Hospital to be Completed in 1940

Additional information regarding the new mental hospital at Port Arthur is to the effect that tenders have been called for the construction of five units expected to cost around $750,000. During the winter months, tenders will be called for all remaining buildings. It is expected that construction of the reception and kitchen buildings and two pavilions and a power house will be started September the 1st. These will provide accommodation for 400 patients. During the winter tenders will be obtained for four more pavilions giving additional accommodation for 450 patients. Ultimately the unit will cost in the neighbourhood of two million dollars.

America's Greatest Hospital Convention Rapidly Taking Shape

Toronto to be World Mecca for Hospital People Next Month

NEVER before in hospital history have so many outstanding hospital authorities from all over the world been gathered together on a series of programs as has been arranged for the eleven-day period, September 19th to 29th. All indications are that there will be a bumper attendance to enjoy this inspiring program. Elsewhere in this issue the International program is published. Dr. MacEachern and his Committee have done a grand job. But that is only one of the nine associations taking part.

The American Hospital Association

For months the Co-ordinating Committee and the officers of the A.H.A. have been working on this program. With twenty sections there will be something for everybody. Among the topics up for discussion will be the following:

Hospital Planning.
Prevention of Communicable Diseases among Nurses.
Hospital Care Insurance.
Panel Heating.
Women's Auxiliaries and their Problems.
British and Continental Experience with Health Insurance.
Fire Control.
Play Therapy.
Diagnostic Services in Hospitals.
Purchasing Procedures.
Unification of the Entire Dietary Service.
Modernization of the Small Hospital.
Dispensing Problems of the Small Hospital.
The Selection of Trustees.
Social Service Problems.

Outstanding speakers from the United States and Canada will participate on this program and a number of British and other speakers are being invited to contribute papers. These will probably include Capt. J. E. Stone of London, Dr. Geo. F. McCleary, formerly of the British Ministry of Health; Dr. René Sand of Brussels, Mr. F. R. Yerbury of London, and others.

The American College of Hospital Administrators

President R. C. Buerki and Secretary Gerhard Hartman are planning an unusually busy session for the members and fellows. The high spot will be the banquet and convocation on Sunday, September the 24th. At this time a large number of successful candidates, including quite a number of Canadians, will be admitted to membership or fellowship.

The Canadian Hospital Council

The biennial meeting of this active young body will take place under the chairmanship of President Geo. F. Stephens. Study committees have been submitting some excellent reports and a profitable session is anticipated. A full attendance of association and governmental delegates as well as many visitors is anticipated.

American Protestant Hospital Association

This Association under the Presidency of Mr. Bryce Twitty of Texas, has many enthusiastic members and several excellent sessions have been arranged. The annual dinner will be on Saturday, September 23rd.

The American and Canadian Occupational Therapy Associations

These two bodies are meeting together and for three full days will talk over their many special interests. This should prove a most inspiring opportunity for our Canadian workers. There will be a fine exhibit, of course.

The American Association of Nurse Anesthetists

Although this organization has no counterpart in Canada, it represents a very vital group in the United States where most of the routine anesthetics are given by specially trained nurse anesthetists. Several hundred will be in attendance for their three-day session.

The Women's Hospital Aids Association of Ontario

This active organization, the pioneer and largest one on the continent, will be hostess to the visiting auxiliary members forming the first Hospital Auxiliaries Section of the American Hospital Association. Wednesday the 27th will be the big day, starting off with the breakfast get-together, at which the Ontario women will be hostesses, but many out-of-town women are planning to spend the whole week and in many cases the whole eleven days in Toronto.

Ladies' Program

This year there will be a full ladies' program covering the full period of the conventions. Mrs. Huestis and her committee have put a lot of thought and effort on this feature and any ladies coming to the meetings but not directly interested in the sessions can rest assured that there will be lots to do.

Entertainment

While these are primarily educational meetings, there will be ample opportunity for recreation. If you are a golfer, bring your weapons, for the beautiful Ontario Cup, donated by the O.H.A. nine years ago, will be up again for annual competition. If you shake a wicked foot, there will be not only the Annual Ball on the 28th but two supper dances at the famous castle, Casa Loma, as well. Bring your soda tablets, too, for there will be plenty of dinners, luncheons and even special breakfasts.

Award of Merit

This is a new idea being launched this year. The A.H.A. will award annually a gold medal known as its Award of Merit for Meritorious Achievement to the hospital person (that means any person) whose achievement or achievements have been most instrumental in furthering the work and progress of our hospitals. A special committee of the Board of Trustees is now performing the difficult task of sifting the many nominations received for this first award. The award will be made at the President's Session, on the evening of Monday, the 25th.

Obiter Dicta

Medical Refugees - Sentiment Versus Practicability

AT the present time a great deal is being said and written about the admission of refugees from the dictator countries. These refugees are steadily coming into Canada and are gradually being absorbed, thanks to the efforts of their friends and of the many who sympathize with these victims of oppression, but many thousands more would like to come. Recently a great deal of publicity has been given to the plight of medical refugees. The impression has gone abroad that organized medicine is hostile to the entrance of medical refugees, no matter how well trained. The impression has been created by press references and by the statements of those interested in bringing medical refugees to Canada, that Canadian doctors, although unable and unwilling to serve the pioneer areas of Canada, refuse to permit foreign doctors to come into Canada to look after these districts. Actually quite a number of refugee doctors have been admitted to Canada by special Orders-in-Council and, as a result, political pressure has been made or threatened with the object of requiring the provincial licensing bodies to give these doctors already admitted, or about to be admitted, a licence to practice.

At the recent convention of the Canadian Medical Association, the Executive Committee and the General Council of that body discussed this question at some length. Because of the concern of hospitals in this situation, the hospital field should be thoroughly acquainted with the facts of the case.

At the present time our medical schools in Canada are graduating from 30 to 40 per cent more medical men and women than the country can absorb. This surplus of doctors, educated at considerable cost to the country, must go elsewhere to find a place to practise. Should we bring in doctors when we cannot absorb our own graduates? It is perfectly true that there are a number of places in Canada without a doctor, but this situation is almost always due to either of two factors. With the development of the motor car, of paved and winter ploughed roads and of hospitals in the various towns throughout Canada, many of the smaller villages which formerly had a doctor now do not have one simply because with modern transportation and telephones, the doctor now living 15 or 20 miles away may be closer *in time* than he was years ago 2 miles away with a buggy and bad roads.

The other factor is that many of the communities in the pioneer areas or in the western provinces have not been able to support a doctor. Doctors have gone into one community after another endeavouring to make a go of it, but cannot obtain enough income to even maintain their car. Even where the municipal physician arrangement has been set up and the doctor's salary guaranteed, a number of the drought stricken areas have not been able to pay the salary which had been guaranteed, simply because the municipality could not collect its taxes. It has been urged, Why not admit refugees to serve these areas? The trouble is that refugee doctors might go to such areas, but finding it an impossibility to make a living there would quickly gravitate to the large centres already overcrowded with doctors. Unfortunately, once such an individual has a licence to practise in a province, there is no way to keep him in any particular part of the province. It is true also that the code of ethics varies very widely in different countries.

The utilization of refugee doctors for interns has been proposed. There is a lack of interns in smaller hospitals, but here the language barrier would limit their usefulness considerably and in a few months or a year they would be demanding a licence to practise. Of course, if hospitals could afford the expense and the doctors were willing to remain as permanent resident physicians, a limited number might be utilized. This is problematic.

The problem of absorption is not so acute in the case of *research workers.* A number of brilliant scientists have already been appointed to various university and commercial laboratories and are already proving their value in this field. The medical profession is very sympathetic to the plight of their colleagues but, with a surplus of our own graduates unable to make a living in Canada in the *clinical* field, only a limited number of outstanding and well trained clinicians can be absorbed. Members of parliament are put under heavy political pressure to urge the passing of special orders-in-council or other procedures to facilitate the admission of individuals. Then the medical profession is left to deal with the problem of registration, and it is labelled as mercenary or unsympathetic if it does not readily grant a licence without assurance of academic qualification or available opening for practice. As a matter of fact, the question of licensing medical refugees is not a matter coming under the jurisdiction of the Canadian Medical Association at all. It is directly a matter for the provincial licensing bodies, whose primary concern is to maintain and elevate the standard of practice offered to the public.

Joint Committee Recommended to Facilitate Co-operation Between Different Associations

REPRESENTATIVES of different organizations interested in medical education, licensure, hospitals and medical practice, met in a special session at the recent convention of the Canadian Medical Association in Montreal to consider the advisability of setting up a more or less permanent "liaison" committee between these different bodies.

Gathered at this meeting were delegates of nearly all of the medical colleges, most of the provincial licensing bodies, nearly all of the provincial medical associations,

the Canadian Medical Association, the Canadian Hospital Council, the Canadian Public Health Association and other bodies. The Canadian Hospital Council was represented by its President, Dr. Geo. F. Stephens.

It has been felt for some time that there has been a real need for some official channel of inter-communication. For instance there has been no way of linking the undergraduate training of the medical student with that given to him as an intern, except in undergraduate internships. Hospitals would strongly welcome the opportunity to make the satisfactory completion of an internship an essential requisite for the licence to practise. They would like to discuss the granting of a temporary licensure to practise to interns with the licensing bodies. Staff relationships, refugee doctors and other subjects might well come before such a co-ordinating committee.

At the meeting there was general agreement that some avenue of communication and discussion should be set up. That was definite. However this preliminary discussion did not entirely clarify the question of whether it would suffice simply to call a general meeting once a year, or whether there should be set up a committee which could function throughout the year and bring together any two or three of these bodies whenever some issue would arise.

It was decided to leave arrangements for a plan of organization to a committee of which the chairman is Dr. F. J. H. Campbell, Dean of Medicine at the University of Western Ontario. While many of the border-line subjects which might properly come before such a liaison body relate to medical education and the practice of medicine, there are many of these matters which are of direct interest and concern to the hospitals and it would seem very desirable that the Canadian Hospital Council should maintain close contact with this development.

The Tercentenary at Quebec

THE hospitals in this country and the United States can indeed be proud of our first hospital, the Hotel Dieu of Quebec, whose 300th anniversary is being celebrated this month and whose story is told elsewhere in this issue. We who work in modern institutions with superior equipment, with skilled assistance and with reasonable protection from contagion, cannot conceive of the privations and hardships of these sisters working under the primitive conditions prevailing in this pioneer colony. War with the Indians was almost continuous. Moreover the soldiers frequently contributed more sick than they did wounded to the hospital.

Parkman in his work "The Old Regime in Canada", observes that it is difficult to conceive a self-abnegation more complete than that which they displayed in the course of their work and their devotion to the sick. The Misericordia Hospitallers of the order of St. Augustine in Canada have given us a noble heritage of self-sacrifice and courage; for this inspiring tradition of service and devotion our hospitals everywhere express their warm appreciation.

The International Hospital Association

IT was an illustrious gathering that in 1929 at the first international hospital congress sought to piece together the cradle for the yet unborn I.H.A. The idea of an international union in hospital matters was already in the air, waiting for the Congress to give it concrete form. It had arisen in 1926 at the meeting held in Vienna of the German Expert Committee on Hospital Matters and had been transmitted shortly afterwards by Dr. Alter to Dr. Corwin—the latter of whom had not been present at Vienna—with the suggestion that America might be persuaded to organize a first international hospital congress. The President of the American Hospital Association at that time, Dr. Bachmeyer, took up the suggestion with great understanding and sympathy. The foundation of an International Hospital Association and a journal that would be closely connected with it, was regarded as a matter of practical necessity and one that would be of benefit to all nations. The first speaker at the Congress, Dr. Hartwell, expressed the views of all those present when he described the task of the hospital, on the lines that Alter had for years been advocating, as being that of maintaining and renewing the health of the whole nation without lessening any devotion of service to the individual patient.

The child has not had an easy time. The golden glow that shone over Atlantic City had grown paler even before the next meeting at Vienna. The I.H.A. did not come into a world of peace and plenty. It was a child of crisis and has remained so, constantly in financial straits and never free from anxiety. Those who worked for it had to be prepared to make sacrifices—but it is a heartening fact, from an international point of view, and one for which all thanks should be given, that the I.H.A. has never at any time lacked for disinterested and willing workers.

It is the deep and sincere wish of all members of the I.H.A. that the 1939 Congress which leads the Association back to the land of its cradle, shall consolidate there once and for all the grand, strong, energetic interest which it so urgently needs from America and would so greatly value. The perfect hospital of the future which is the ideal we are all striving for, requires a wealth of experience from every country in the world for its shaping and realization. And America is, by the very magnificence of its own hospital achievement, called upon to furnish some of the cornerstones for that edifice.

The I.H.A. looks forward to the Toronto Congress not only in the hope that the meeting will lift some of the shadows that have darkened its work but in the strong belief that great and important progress will be made in all fields of hospital work and a valuable forward step will be taken towards developing the hospital into a community institution, eager to serve with the best possible means and with selfless devotion the greatest purpose of humanity, the perfection of its mental and bodily health.

*Condensed from Nosokomeion, Official Organ of the International Hospital Association I, 1939.

PAGE 2 ★★★

How to Live to Be 100; Doctor's 7 Simple Rules

Above All Things, Look Both Ways Before Crossing Street, and Learn to Stop Worrying

By Associated Press

SEATTLE, Feb. 24.—If you follow seven health suggestions, says Dr. Malcolm T. MacEachern, associate director of the American College of Surgeons, "you not only should live the normal span of life, but may come closer to the age of 100."

He advised:

1 Budgeting of your time so you can sleep eight hours, work eight hours and play eight hours.

2 Dieting, if necessary, for girth-control.

3 Removal of local infections, such as bad teeth and bad appendix.

4 Getting yourself in the habit of not worrying.

5 Looking both ways when you cross the street so you don't get killed.

6 Selection of a family physician to whom you can talk as you would with members of your family.

7 Selection of a family hospital which has good equipment and capable personnel.

On Being One's Own Physician

Anyone who personally knows that human dynamo, who is the I.H.A. president, and who knows of his routine habit of being at his desk before dawn with a frequent all night vigil when the work becomes too pressing, will raise an eyebrow at the first of these seven rules for successful candidates so earnestly urged by Dr. MacEachern at the Western Hospital Association convention in Seattle. Just as if he did not have enough to do with his multitudinous interests and activities, he was caught at one of the conventions by your editor filling out an application for any position "respectable or otherwise" at the exhibit desk of Miss Burneice Larson.

Use of Polio Convalescent Serum Discontinued

In a circular letter issued by Dr. B. T. McGhie, Deputy Minister of Health and Hospitals for Ontario, dated July the 5th, and sent to all the doctors in the province, the use of convalescent serum in the treatment of anterior poliomyelitis is discontinued. Dr. McGhie refers to the study of the Ontario Medical Association in which an analysis of experience in Ontario in the 1937 epidemic revealed practically no result with convalescent serum. The Ontario cases showed 28% of paralysis where serum was used and 30% paralysis where the patients were treated with 5% glucose. The Ontario Medical Association referred to Dr. W. H. Park's figures from New York City, where 406 controls were compared with 510 cases treated with convalescent serum. The controls showed complete recovery in 80.3% and the cases treated with serum in about 75.5 per cent. Paralysis and death occurred in 19.6% of the controls and in 23.1% of those treated with convalescent serum. The Ontario Medical Association Committee has reported that:

> "As a result of these facts, we do not feel the use of convalescent serum in the treatment of poliomyelitis has any effect on the prevention or development of paralysis and we feel that it is unnecessary to use convalescent serum in the treatment of poliomyelitis. The money spent on convalescent serum could be put to a much more useful purpose."

The Board of Directors of the Ontario Medical Association recommended that the provision of the serum by public health laboratories be discontinued.

In this last conclusion, the Department of Health urges doctors to only use the serum where such is insisted upon by the patient or the family. "Until such time, however, as it is posible to impress the general public with the limitations of this type of treatment, the department is prepared to continue a limited distribution of the serum."

Program of the Sixth International Hospital Congress

TORONTO

September 19-23, 1939

Under the Distinguished Patronage of
His Excellency The Right Honourable Lord Tweedsmuir, P.C., G.C.M.G., C.H.,
Governor-General of Canada.

TORONTO COMMITTEE ON LOCAL ARRANGEMENTS

Chairman
Dr. W. S. Caldwell, Director, Canadian Red Cross Society, Ontario Division.

Secretary-Treasurer
Mr. Carl I. Flath, Superintendent, Wellesley Hospital.

All I.H.A. Sessions will be at the Royal York Hotel, unless otherwise specified.

PRESENTATION of each paper at the Plenary Sessions in English, French, German, Italian and Spanish simultaneously, has been made possible by the use of the Filene-Finlay Telephone Translator Set, provided through the courtesy of Mr. Thomas J. Watson, President, International Business Machines Corporation, New York, to whom the President of the International Hospital Association and the Toronto Committee on Local Arrangements are extremely grateful.

TUESDAY, SEPTEMBER 19

8.00-10.00 A.M.

Registration

Foyer, Convention Floor.

10.00-12.00 A.M.

All delegates will assemble in Crystal Ballroom at 10 a.m.

Business Session of each Study Committee, International Hospital Association

Concert Hall, Crystal Ballroom, Convention Floor.
(Tables will be arranged for the various Committees, numbering from 1 to 40.)

Agenda:

1. General report of work of Committee since last Congress.
2. Recommendations arising out of report, for submission to Fifth Plenary Session of Congress.
3. Planning of work for Seventh International Hospital Congress, Berlin, 1941.
4. Suggestions for improvement of work of Committee.

2.00-4.30 P.M.

Joint Conference of all Study Committees International Hospital Association

Crystal Ballroom, Convention Floor.
Dr. A. F. Cooney, Dublin, Ireland; Secretary, Hospitals' Commission; Chairman, Special Council for Study Committees; Presiding.

Agenda:

1. Presentation of report of former Study Committee XL, now the Special Council for Study Committees—Planning of Studies and Critical Assessment of Results.
2. Round table discussion, conducted by chairman.
3. Recommendations for submission to Fifth Plenary Session of Congress.

4.30-6.00 P.M.

Reception—Capt. J. W. Flanagan, Bayview.

8.00-10.00 P.M.

First Plenary Session International Hospital Association

Concert Hall, Convention Floor.

Dr. Malcolm T. MacEachern, Chicago; President, International Hospital Association; Presiding.

Formal Opening of Sixth Biennial Congress, International Hospital Association

Pageant of Nations, portraying the Care of the Patient—Sponsored by the Nurses of Canada, through the Fifth District of Nurses for the Province of Ontario.

Official Declaration of Opening of the Congress by the President.

Introduction of Officers and Distinguished Guests.

Official Welcome:

*The Right Honourable W. L. MacKenzie King, Prime Minister of Canada.

*The Honourable Albert Matthews, Lieutenant-Governor of Ontario.

His Worship, Ralph C. Day, Mayor of Toronto.

Dr. G. Harvey Agnew, Toronto; President of the American Hospital Association.

Dr. George F. Stephens, Winnipeg; President of the Canadian Hospital Council.

Response:

Dr. René Sand, Brussels; Secretary-General, Ministry of Health, Belgium; Honorary President, International Hospital Association.

Mr. W. McAdam Eccles, M.S., F.R.C.S., London; Chairman, United Kingdom Council, International Hospital Association.

Address: World Unity in Relief of Suffering—Dr. Malcolm T. MacEachern, Chicago; President, International Hospital Association.

God Save the King.

The Star Spangled Banner.

10.00-11.00 P.M.

Formal Reception for Delegates to the International Hospital Congress, and Guests

Banquet Hall, Convention Floor.

WEDNESDAY, SEPTEMBER 20

9.00-12.00 A.M.

Second Plenary Session International Hospital Association

Crystal Ballroom, Convention Floor.

General Subject: World-wide Advances in Hospital Construction

Points of View in the Planning of Large Hospitals, the Use of Material, and the Technical Installation—Mr. C. E. Elcock, F.R.I.B.A., London; Architect.

The Hospital as a Masterpiece of the Architect—Monsieur Jean Walter, Paris; Architecte du Gouvernement et des Facultés de Medicine de Paris et de Lille.

*Awaiting confirmation.

Construction of Hospitals for the Forces—Oberregierungsrat Klaje, Berlin.

The Importance of the One-bed Ward System in the Architectural Development of the Nursing Unit and Complementary Rooms—Dr. Ing. Comm. Gaspare Lenzi, Rome; Reggente Nazionale Gruppo Ingegneri Edili Sanitari, Sindacato Nazionale Ingegneri.

Internal Dimensions of the Hospital; Some Important Measurements — Mr. G. Birch-Lindgren, Stockholm; Architect.

The Special Requirements of Hospital Construction in the Tropics—Mr. Carlos A. Surraco, Montevideo; Architect.

The Influence of Climatic Conditions on Hospital Construction—Mr. A. G. Stephenson, Melbourne; Architect, Royal Melbourne Hospital.

A World-wide Commentary on Hospital Construction—Mr. Edward F. Stevens, F.A.I.A., Boston; Architect and Editor, The Twentieth Century Hospital.

2.00-4.00 P.M.

Presentation and Discussion of Reports International Study Committees

2.00-3.00 P.M.

Private Dining Room No. 1.

Study Committee I, Construction.
Chairman: Hermann Distel, Hamburg; Architect.
Subject of Report: Rehabilitation of Antiquated Hospitals.

3.00-4.00 P.M.

Private Dining Room No. 2.

Study Committee XXI, Functional Conditions of Hospital Architecture.
Chairman: Dr. Hans Frey, Bern; Director, Inselspital.
Subject of Report: The Reception and Distribution of Clients.

2.00-3.00 P.M.

Private Dining Room No. 3.

Study Committee X, The Hospital and the Community.
Chairman: Mr. Homer E. Wickenden, New York; General Director, United Hospital Fund.
Subject of Report: Methods and Possibilities of Financing Hospital Work.

3.00-4.00 P.M.

Private Dining Room No. 4.

Study Committee XV, Press and Publicity.
Chairman: Dr. A. Barthelmé, Strasbourg; Secrétaire-Général, Hospices Civils de Strasbourg.
Subject of Report: Hospital Propaganda for the Patient.

2.00-3.00 P.M.

Private Dining Room No. 5.

Study Committee V, Legislation and Legal Questions.
Chairman: Dr. J. Oster, Strasbourg; Directeur Général des Hospices Civils de Strasbourg.
Subject of Report: Main Requirements for a Code of Hospital Law.

3.00-4.00 P.M.

Private Dining Room No. 6.

Study Committee IX, Statistics and Nomenclature.
Chairman: Dr. Ralf Zeitler, Berlin; Vize-Präsident des Deutschen Gemeindetags.
Subjects of Reports: An Internationally Applicable Scheme for Drawing up Annual Hospital Reports. A Hospital Vocabulary of 1,000 Words in English, French, German, Italian and Spanish.

2.00-3.00 P.M.

Private Dining Room No. 7.

Study Committee XXXI, Cancerology.
Chairman: Prof. Dr. A. H. Roffo, Buenos Aires; Director, Institute of Experimental Medicine, University of Buenos Aires.
Subject of Report: Uniform and Systematic Plans for Getting in Touch with and Treating Cancer Cases Through Early Diagnosis of the Disease.

3.00-4.00 P.M.

Private Dining Room No. 8.

Study Committee XXX, Venereology.
Chairman: Mrs. Neville Rolfe, O.B.E., London; Secretary-General, British Council of Social Hygiene.
Subject of Report: The Hospital and the Venereal Disease Patient; The Edinburgh Venereal Disease Scheme in Action.

2.00-3.00 P.M.

Private Dining Room No. 9.

Study Committee XXXIV, The Hospital and Tuberculosis.
Chairman: Prof. Jaroslav Jedlicka, Prague; Professor der Phthiseologie und Vorstand des Universitätsinstitutes für das Studium der Tuberkulose an der Karls-Universität Prag.
Subject of Report: The Hospital in the Fight Against Tuberculosis.

3.00-4.00 P.M.

Private Dining Room No. 10.

Study Committee XIII, Hygiene, Climatology and the Destruction of Harmful Organisms.
Chairman: Prof. Dr. Cramarossa, Rome; Direttore dell'Ufficio di Igiene del Governatorato di Roma.
Subject of Report: The Fundamentals of Hospital Hygiene.

4.30-6.00 P.M.

Reception—Lieut.-Governor and Mrs. Matthews, Parliament Buildings, Queen's Park.

7.00 P.M.

Private Dinners to Foreign Delegates by Toronto Hosts and Hostesses.

THURSDAY, SEPTEMBER 21

9.00-12.00 A.M.

Third Plenary Session International Hospital Association
Crystal Ballroom, Convention Floor.
General Subject: The Place of the Hospital in the Community.

What Rational Care of the People's Health Demands of the Hospital—Dr. Innes H. Pearse, London; The Pioneer Health Centre, Peckham.

A World Survey of Church Hospitals—Dr. Newton E. Davis, Columbus, Ohio; Executive Secretary, Board of Hospitals, Homes and Deaconess Work, Methodist Episcopal Church.

The Hospital and Insurance for Health—Amtsleiter H. Althaus, Berlin; Hauptamt fur Volkswchlfahrt.

The Hospital, Publicity and the Press—Prof. Nicola Sforza, Rome; Primario Medico, Ospedale San Spirito.

Social Service Care of the Patient Before, During, and After Hospital Care—Dr. Ripkova, Zlin; Krankenhaus Bata.

The Hospital in the Fight Against Cancer—Prof. Dr. A. H. Roffo, Buenos Aires; Director, Institute of Experimental Medicine, University of Buenos Aires.

Norms in the Organization of Hospitals for the Mentally Ill —Dr. Baltazar Caravedo, Lima; Director, Victor Larco Herrera Mental Hospital.

Planning for the Chronic Patient—Dr. E. M. Bluestone, New York; Director, Montefiore Hospital for Chronic Diseases.

2.00-4.00 P.M.

Presentation and Discussion of Reports International Study Committees

2.00-3.00 P.M.

Private Dining Room No. 1.

Study Committee XXII, Equipment and Furnishings for the Care of the Patient.
Chairman: Dr. Malcolm T. MacEachern, Chicago; Associate Director, American College of Surgeons.
Subject of Report: The Ideal Contents and Arrangement of the Sickroom.

3.00-4.00 P.M.

Private Dining Room No. 2.

Study Committee II, Sanitary Technique and the Economics of Power Production and Supply.

Chairman: Dr. Ing. habil. Adolf Heilmann, Berlin-Charlottenburg; Professor u. Stadtbaurat a.D.

Subject of Report: Heating the Hospital by Radiator, Panel, or Floor.

2.00-3.00 P.M.

Private Dining Room No. 3.

Study Committee XXXVII, Kitchen, Laundry, Stores.

Chairman: Miss Marion ffoulkes-Pritchard, Boksburg, Transvaal; Matron, Boksburg-Benoni Hospital.

Subject of Report: Electrical Equipment in Kitchen, Laundry and Stores.

3.00-4.00 P.M.

Private Dining Room No. 4.

Study Committee XX, General Organization of Diagnostic and Preventive Institutions Connected with Hospitals.

Chairman: Dr. Pierre Depage, Brussels; Directeur de la Clinique Antoine Depage.

Subject of Report: General Organization of Diagnostic and Preventive Institutions Connected with Hospitals.

2.00-4.00 P.M.

Private Dining Room No. 5.

Study Committee XI, Air Raid Precautions.

Chairman: Oberst Dr. J. Thomann, Bern; Eidgenössischer Armeeapotheker.

Subject of Report: Practical Training in Air Raid Precautions.

3.00-4.00 P.M.

Private Dining Room No. 6.

Study Committee XXXVI, Transport of Patients.

Chairman: Mr. Sydney Lamb, M.B.E., Liverpool; Secretary, Merseyside Hospitals Council.

Subject of Report: Transport of Patients.

2.00-3.00 P.M.

Private Dining Room No. 7.

Study Committee XXIV, Internal Medicine.

Chairman: Dr. Paul Ghalioungi, Heliopolis, Egypt.

Subject of Report: The Place and Importance of Internal Medicine in the Work of the Hospital.

3.00-4.00 P.M.

Private Dining Room No. 8.

Study Committee XXIX, Pediatrics.

Chairman: Prof. Dr. Wladislaw Szenajch, Warsaw; Directeur de la Clinique Infantile Universitaire.

Subject of Report: Social Service in the Children's Hospital.

2.00-3.00 P.M.

Private Dining Room No. 9.

Study Committee XVI, Nursing.

Chairman: Dr. P. H. van Roojen, Gravenhage, Holland; Geneesheer-Directeur van de Gemeenteziekenhuis.

Subject of Report: Nursing Staff of the Hospital.

3.00-4.00 P.M.

Private Dining Room No. 10.

Study Committee XVII, Spiritual Care of the Sick.

Chairman: Prälat Dr. Kreutz, Freiburg i.Br., Präsident des Deutschen Caritasverbandes, Werthmannhaus.

Subject of Report: Spiritual Care of the Sick and the Administration of the Hospital.

2.00-3.00 P.M.

Library, Mezzanine Floor.

Study Committee XXXVIII, Preventive Possibilities of the Hospital.

Chairmanship: New Zealand.

Subject of Report: The Duty of the Hospital in Preventing Disease.

2.00-4.00 P.M.

Sightseeing Tour

4.30-6.00 P.M.

Observation and Study Tours of Hospitals

Interesting and Instructive Visits to Various Institutions In and Around Toronto.

7.00-10.00 P.M.

Fellowship Dinner for Delegates International Hospital Association

Concert Hall, Convention Floor.

Dr. William C. Caldwell, Toronto; Chairman, Committee on Arrangements; Toastmaster.

Introduction of Guests.

Greetings:

Dr. Fred W. Routley, Toronto; Honorary Chairman, Committee on Arrangements, Sixth Biennial Congress, International Hospital Association.

Brief Addresses.

Motion Pictures:

Good Hospital Care (Sound).

Produced by Dr. Malcolm T. MacEachern, Chicago; President, International Hospital Association.

Behind the Scenes.

Produced by George U. Wood, Oakland; Superintendent, Peralta Hospital.

Travelogue: A Trip Through Canada.

Produced by Publicity Department of the Canadian Government.

Entertainment.

FRIDAY, SEPTEMBER 22

9.00-12.00 A.M.

Fourth Plenary Session International Hospital Association

Crystal Ballroom, Convention Floor.

General Subject: Hospital Organization and Management

The Training of the Hospital Administrator—Dr. G. Harvey Agnew, Toronto; Secretary, Department of Hospital Service, Canadian Medical Association; President, American Hospital Association.

Plan of Organization and Distribution of Authority—Capt. J. E. Stone, Birmingham, England; Consultant on Hospital Finance to King Edward's Hospital Fund for London.

The Nurse's Part in Hospital Administration and Management—(Speaker to be selected.)

Hospital Administration and Management as Part of a Planned National Economy—Mr. J. Myburgh, Boksburg, Transvaal, South Africa; Secretary-Superintendent, Boksburg-Benoni Hospital.

Organization and Management of the Food Service in the Hospital—Dr. Kate Daum, Iowa City; Director of Nutrition, University of Iowa Hospitals.

Governmental Control Through Laws and Regulations of the Hospital and Its Work—Dr. Konrad Orzechowski, Warsaw; President, Polish Hospital Ass'n.

The Hospital Viewed as a Business Enterprise—Finanzinspektor Bruggmann, Zurich; Finanzdepartement.

Annual Reports—Dr. A. Barthelmé, Strasbourg; Secrétaire-Général, Hospices Civils de Strasbourg.

12.30-2.00 P.M.

Luncheon for Delegates International Hospital Association interested in Educational Standards for Administrators, under Auspices of American College of Hospital Administrators

Private Dining Room No. 9, Convention Floor.

Dr. Robin C. Buerki, Chicago; President, American College of Hospital Administrators; Presiding.

Brief Addresses on the Educational Aspect of Hospital Administration by the Following Speakers:

Dr. G. Harvey Agnew, Toronto; President, American Hospital Association.

Dr. A. C. Bachmeyer, Chicago; Director, University of Chicago Clinics.

Dr. Malcolm T. MacEachern, Chicago; President, International Hospital Association.

Miss Ada Belle McCleery, Evanston, Illinois; Superintendent, Evanston Hospital.

Capt. J. E. Stone, Birmingham; Consultant on Hospital Finance, King Edward's Hospital Fund for London.

General Discussion.

2.00-4.00 P.M.

Presentation and Discussion of Reports International Study Committees

2.00-3.00 P.M.

Private Dining Room No. 1.

Study Committee III, Administration and Management.
Chairman: Capt. J. E. Stone, Birmingham; Consultant on Hospital Finance, King Edward's Hospital Fund for London.
Subject of Report: The Systematic Organization of Hospital Activities with a View to Increasing Income and Decreasing Expenditure.

3.00-4.00 P.M.

Private Dining Room No. 2.

Study Committee VIII, Personnel.
Chairman: Mr. C. A. W. Roberts, Liverpool; Manager, Walton Hospital.
Subject of Report: Staff Welfare.

2.00-3.00 P.M.

Private Dining Room No. 3.

Study Committee VI, Care of the Patient in the Hospital.
Chairman: Dr. W. Alter, Buchschlag, Hessen, Germany; Geheimer Regierungs- und Medizinalrat.
Subject of Report: The Essential Requirements of the Patient as Regards Hospital Construction, Equipment and Service.

3.00-4.00 P.M.

Private Dining Room No. 4.

Study Committee XXIII, General Problems of Medical Service in the Hospital.
Chairman: Dr. J. Hekman, Rotterdam; Geneesheer-Directeur van het Gemeenteziekenhuis aan den Bergweg.
Subject of Report: The Relationship between the Architectural Type and Staff Required for a Hospital.

2.00-3.00 P.M.

Private Dining Room No. 5.

Study Committee XXV, Surgery.
Chairman: Dr. B. Albert, Zlin; Primar, Krankenhaus Bata.
Subject of Report: The Surgical Section in the General Hospital.

3.00-4.00 P.M.

Private Dining Room No. 6.

Study Committee XXVI, Obstetrics and Gynaecology.
Chairman: Prof. Dr. Frans Daels, Ghent, Belgium; Director, University Hospital for Women.
Subject of Report: The Delimitation of the Scope of Obstetric Work in Respect to Other Branches of Hospital Work.

2.00-3.00 P.M.

Private Dining Room No. 7.

Study Committee XIV, Radiology and Its Requirements.
Chairman: Prof. Dr. Hans Holfelder, Frankfurt-a-Main; Direktor des Strahlen-Instituts der Universität.
Subject of Report: Serial Roentgenography in the Hospital.

3.00-4.00 P.M.

Private Dining Room No. 8.

Study Committee XXXIII, Laboratories and Laboratory Requirements.
Chairman: Doc. Dr. Vaclav Strimpl, Prague; Statni zdravotni ustav.
Subject of Report: Laboratories and Their Requirements.

2.00-3.00 P.M.

Private Dining Room No. 9.

Study Committee XXXII, Physical Therapy.
Chairman: Dr. C. E. Iredell, London; Surgeon-in-Charge, Actino-therapeutic Department, Guy's Hospital.
Subject of Report: The Position of Physio-Therapists in Relation to the Medical Profession as a Whole.

3.00-4.00 P.M.

Private Dining Room No. 10.

Study Committee XIXB, Occupational Therapy.
Chairman: Prof. Dr. Karlis Barons, Riga, Latvia; Prasident des Lettischen Roten Kreuzes.
Subject of Report: Occupational Therapy in the Infirmary.

4.30-6.00 P.M.

Observation and Study Tours of Hospitals

Interesting and Instructive Visits to Various Institutions In and Around Toronto.

4.30 P.M.

Tea—For Wives of Delegates—St. John's Convalescent Hospital, Newtonbrook.

8.00-10.00 P.M.

Health Conservation Meeting

Convocation Hall, University of Toronto.

Honourable Canon H. J. Cody, President of the University of Toronto; Presiding.

7.30-8.00 P.M.

Music.

Greetings from the International Hospital Association—Dr. Malcolm T. MacEachern, Chicago; Associate Director, American College of Surgeons; President, International Hospital Association.

Greetings from the American Hospital Association—Dr. G. Harvey Agnew, Toronto; Secretary, Department of Hospital Service, Canadian Medical Association; President, American Hospital Association.

Health and Human Progress—Dr. René Sand, Brussels; Secretary-General, Ministry of Health, Belgium; Technical Counsellor to the League of Red Cross Societies.

What Great Britain is Doing to Improve the Health of the People—Mr. W. McAdam Eccles, London; Consulting Surgeon, St. Bartholomew's Hospital; Chairman, United Kingdom Council, International Hospital Association.

A Health Program for Canada—Dr. Fred W. Routley, Toronto; National Commissioner, Canadian Red Cross Society; Past President, Canadian Hospital Council.

The Role of the Hospital in Health Conservation—Dr. Hans Frey, Bern, Switzerland; Director, Insel Hospital.

Voluntary and State Co-operation in Health Conservation—Rt. Rev. Monsignor Maurice F. Griffin, Cleveland; Vice-President, Catholic Hospital Association; Senior Trustee, American Hospital Association.

God Save the King.

SATURDAY, SEPTEMBER 23

9.30-11.30 A.M.

Presentation and Discussion of Reports International Study Committees.

9.30-10.30 A.M.

Private Dining Room No. 1.

Study Committee IV, Accounting and Finance.
Chairman: Dr. C. Rufus Rorem, Chicago; Director, Commission on Hospital Service, American Hospital Association.
Subject of Report: Interest and Depreciation in Hospital Accounting.

10.30-11.30 A.M.

Private Dining Room No. 2.

Study Committee XXXV, Productive Sidelines.
Chairman: Herrn Bau-Ingenieur Mieczyslaw Kozlowski, Warsaw.
Subject of Report: (To be announced later.)

9.30-10.30 A.M.

Private Dining Room No. 3.

Study Committee XVIII, Hospital Social Service.
Chairman: M. le Prof. A. Couvelaire, Paris; Directeur de la Clinique Gynécologique et Obstétricale Bandelocque de l'Université de Paris.
Subject of Report: Practical Suggestions for Influencing Patients by Health Instruction while in Hospital.

10.30-11.30 A.M.

Private Dining Room No. 4.

Study Committee VII, Dietetics.
Chairman: Prof. Dr. A. von Soos, Budapest; Direktor des Instituts für Diätetik der Universität Budapest.
Subject of Report: Organization of Course in Dietetic Technique and the Establishment of Such an Organization in the Hospital.

9.30-10.30 A.M.

Private Dining Room No. 5.

Study Committee XIXA, Hospital Libraries.
Chairman: Mrs. M. E. Roberts, London; British Red Cross Society and Order of St. John Hospital Library.
Subject of Report: Development and Organization of Hospital Libraries, and a Survey of Their Present Position and Progress.

10.30-11.30 A.M.

Private Dining Room No. 6.

Study Committee XXXIX, Centres for Hospital Standards, Information and Research.
Chairman: Hjalmar Cederström, Stockholm, Ingenior.
Subject of Report: Plans and Work of Study Committee XXXIX.

9.30-10.30 A.M.

Private Dining Room No. 7.

Study Committee XXVIII, Neurology.
Chairman: Dr. F. H. Lewy, Philadelphia; Hospital of the University of Pennsylvania.
Subject of Report: The Management of Head Injuries in the General Hospital—The Neurological, Surgical, Sociological and Medico-legal Aspects of the Problem.

10.30-11.30 A.M.

Private Dining Room No. 8.

Study Committee XXVII, Psychiatry.
Chairman: Dr. Thomas J. Heldt, Detroit; Physician-in-Charge, Division of Neuropsychiatry, Henry Ford Hospital.
Subject of Report: Symposium on Schizophrenia.

9.30-10.30 A.M.

Private Dining Room No. 9.

Study Committee XII, National Hospital Associations.
Chairman: Dr. Otto Binswanger, Kreuzlingen, Switzerland.
Subject of Report: National Hospital Associations; Their Financing.

10.30-11.30 A.M.

Private Dining Room No. 10.

Meeting of Special Council for Study Committees International Hospital Association.
Chairman: Dr. A. F. Cooney, Dublin; Secretary, Hospitals' Commission.

2.00-3.00 P.M.

Meeting of Council of Management International Hospital Association

Crystal Ballroom, Convention Floor.

Dr. Malcolm T. MacEachern, Chicago; President, International Hospital Association; Presiding.

Agenda:
Reading of Minutes.
Routine Business.
Election of Officers.

3.00-5.00 P.M.

Fifth Plenary Session International Hospital Association

Crystal Ballroom, Convention Floor.

Dr. Malcolm T. MacEachern, Chicago; President, International Hospital Association; Presiding.

Agenda:
Submission of Resolutions by the Study Committees.
Installation of Officers.
Other Business.
Official Closing of the Sixth Biennial Congress, International Hospital Association.

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REGISTRATION: There will be a registration fee of $5.00 for members of the I.H.A. and $7.50 for non-members. This registration fee includes the Fellowship Banquet, copies of the Study Committee Reports, the International Banquet and transportation for all hospital tours and receptions, as well as admission to the Pageant of Nations and other entertainment features.

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LAND TOURS of special interest to visiting delegates have been most efficiently organized by Mr. Howard E. Bishop, Sayre, Pennsylvania; Superintendent of the Robert Packer Hospital and Chairman of the Committee on International Hospital Relations. Full particulars of these tours will appear in the printed program.

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The President of the International Hospital Association acknowledges with deep appreciation the valuable assistance and co-operation received in the preparation of this program from Doctor W. Alter, Honorary Secretary, and Miss Rodney Murray, Executive Secretary, of the International Hospital Association; Dr. G. Harvey Agnew, President of the American Hospital Association; the Toronto Committee on Local Arrangements for the Sixth Biennial Congress, and the Committee on International Hospital Relations.

* * *

Other meetings in Toronto, of interest to hospital people, will take place on the following dates:
September 21-22: Meeting of the Canadian Hospital Council. Dr. G. F. Stephens, Winnipeg, President.
September 24-26: Meeting of Protestant Hospital Association. Mr. Bryce L. Twitty, Dallas, President.
September 24-25: Meeting of American College of Hospital Administrators. Dr. Robin C. Buerki, Chicago, President.
September 25-29: Meeting of American Hospital Association and Allied Groups. Dr. G. Harvey Agnew, Toronto, President.

The Round Table Forum

12. Who Has the Right to Control Visitors in the Operating Room?

A. T. Bazin, M.D., Emeritus Professor of Surgery, McGill University; Surgeon, Montreal General Hospital.

I pre-empt a woman's privilege of answering a question by asking another.

What is the function of the operating room?

The modern operating room has been developed in order to permit of better and of safer service to the patient. To that end some operating rooms are so constructed as to completely shut away behind air tight glass partitions all "visitors" of any variety whatsoever.

The Surgeon in Charge is undoubtedly the Captain of the crew—although the anaesthetist has frequently an equal responsibility to the patient.

But I cannot imagine a situation wherein the anaesthetist will have "visitors" without introduction to the surgeon in charge and the tacit consent of the latter.

Rules of the individual hospital applying to "dress" of visitors to the operating room should be rigidly enforced.

Reverend Sister St. Tharsicius, Superintendent, Ottawa General Hospital, Ottawa, Ontario.

The superintendent of the operating room is, in my opinion, the best qualified to control visitors in the operating room. Indeed, she controls the whole setting, she has a complete knowledge of the actual routine, she has at all times her finger on the beating arteries and has an acquired instinct of the psychological moments that rise and fall on the daily dial of the operating room. Moreover her natural tact and her personality, to which in a large measure she owes her appointment, fit her most adequately in the decision of what, when and under which circumstances visitors shall be admitted to the operating room.

J. S. McEachern, M.D., F.R.C.S.(C), Calgary, Alta.

This unqualified question obviously invites an equally unqualified answer: the chief administrative officer of the hospital. He must enforce all of the policies of the hospital.

If the questioner means: who shall determine the type of visitor admitted to the operating room, the answer is different. The lay Board and the Medical Staff or their respective representatives in conference should lay down the board policy. I have had no experience with any problem of hospital policy which could not in this way be amicably solved.

Miss Reta E. Follis, Reg. N., Superintendent, The Chipman Memorial Hospital, St. Stephen, New Brunswick.

A very pertinent question, especially to one in charge of a small hospital.

This is not a problem here. We do not have visitors in our operating room, with the exception of registered physicians and registered nurses.

It is understood that visitors to the operating room are controlled by the hospital, through the superintendent.

The rigid observance of this rule has prevented unpleasant situations.

L. C. Fallis, M.B., General Superintendent, Victoria Hospital, London, Canada.

There should be no visiting in the operating room during an operation with the exception of doctors and graduate nurses. Over these the Supervisor should have full control so far as the routine of wearing gowns, caps, etc., is concerned.

The patient's lay relatives or other lay people should not be admitted and a definite hospital rule should control the situation.

In the operating room the supervisor in charge is responsible and should have absolute control.

* * *

In the last analysis, the medical officer in charge of the hospital surgical department is the police officer who is responsible for the morale and deportment of all persons coming within this area. The operating room supervisor should be a woman of courage and one with firm aseptic and antiseptic convictions. She may be termed the first deputy of the medical officer in charge and it is her duty to require that rules covering the discipline of all persons in the operating room, including the surgeon himself, shall be enforced.

—From *Modern Hospital.*

Question for Next Month:

How Can One Best Avoid Impetigo Contagiosa and Other Skin Infections in the Nursery?

Here and There in the Hospital Field

By THE EDITOR

Wartime Preparations

WITH everybody in the London area and out through the provinces taking war preparation seriously, it is to be expected that hospitals would do some camouflaging. Already some of the hospitals are looking like patch work quilts in green, buff and other identity-losing stripes. A "Life Transfusion" Service has been set up by the Medical Research Council in London and other large centres. An elaborate plan has been set up for the collection of blood from large numbers of donors living in the outskirts of London or in the West Country, such to be refrigerated and shipped by air or otherwise to wherever needed. As it is estimated that 100,000 donors will be required to meet the needs for Greater London alone, a very extensive system of donor registration is being arranged. These precautions are being taken in view of the Spanish experience that from 5 to 10 per cent. of the casualties, military and civilian, needed blood transfusion.

* * *

Winnipeg's "Flower Car"

Winnipeg's "flower car" is interesting evidence of fine community spirit in that city. The Winnipeg Tribune has co-operated with Leonard and McLaughlin's Motors to distribute flowers in the hospital wards once a week. Each Wednesday the "flower car" makes a tour of the city and collects fresh garden flowers from the private gardens of different citizens. The response to the request has been most generous and Wednesday has become a particularly pleasant day in the hospital.

* * *

Another Way of Helping Hospitals

We note in a recent copy of Hospital Topics that the Children's Hospital in London now possesses the rights to Barrie's immortal "Peter Pan". Walt Disney has found it necessary to get permission from the hospital before proceeding with work on his forthcoming cartoon movie based upon this story. In return for the rights to produce this movie, Mr. Disney has agreed to put on two benefit performances in London for the hospital. As this journal points out, this is "Just the kind of legacy you might expect a whimsical Scot to leave. It would be nice if other authors would leave copyright legacies to hospitals."

* * *

State Control of Hospitals

The movies in Britain will exhibit in the near future a series of documentary or educational films entitled "Point of View". In these films the pros and cons of the subject being debated will be presented in concise fashion by alternate speakers, and the audience will be left to draw its own conclusions. One of the first three films to be released will be on the subject "Should Hospitals Be Under State Control". This should prove a most informative series and in keeping with the high educational quality of the B.B.C. broadcasts.

Moving a Busy Hospital

The Westminster Hospital, so familiar to London visitors down near Trafalgar Square, has been moved to new and larger quarters in Horseferry Road. The moving of this very active institution was quite an undertaking but, by careful planning, the dislocation of services was reduced to a minimum. By suspending admissions for a short period the census was reduced 50% below normal. By a novel system of labelling, the destinations of articles were clearly indicated. Each of the nine floors in the new hospital was given a special colour and each section of each floor was designated by the suit of a pack of playing cards. Everything from ice collars to new babies was labelled with a colour and a suit, e.g., red spades, and everything went to its appointed section. First shipment to go consisted of 200,000 patients' records. Of course, much of the equipment in the greatly enlarged quarters on Horseferry Road is quite new.

* * *

A Novel Form of Giving to Hospital

The St. John's Convalescent Hospital, north of Toronto, has received an unusual gift from an anonymous donor. This is in the form of an agreement to pay up to five hundred dollars for a plan for landscaping the grounds of the hospital. It is not to pay for the actual work of landscaping the grounds but embodies the idea that the first essential is to draft a plan which will take a long range viewpoint of development, bearing in mind future additions to the buildings so that the planting of trees, terracing and other landscaping can be developed with this ultimate object in mind. The committee as stipulated is to be made up of five amateur gardeners to which committee may be added whatever professional advice is required. The chairman of the Board, Dr. H. C. Scadding, has announced a very strong committee, all of whom have shown great interest in landscape gardening—Dr. A. H. Rolph, Mr. J. Stanley McLean, Mrs. W. E. Gallie, Profesor W. L. Holman, and Mr. J. Beverly Robinson.

* * *

Surgery Must Go On

The other day Western Ontario had a severe electrical storm. Just as an urgent appendectomy was getting under way in the 44-bed hospital at Strathroy, the lights went out. Fortunately the hospital operating-room is equipped with an emergency battery light, so no harm was done. It is surprising how many of the smaller hospitals still lack this very necessary equipment. In view of the general adoption of this safeguard by progressive hospitals, one wonders if failure to provide such might not leave a hospital open to damages in case of accident from power shortage.

Dr. S. R. D. Hewitt Heads New Brunswick Hospital Association

NEW BRUNSWICK held its two-day annual convention at Beethoven Hall, Mount Alliston University in Sackville, June 29th and 30th. Many interesting reports were presented and the subject of motor accident insurance and also that of Workmen's Compensation rates were considered by Dr. Hewitt in his presidential address. Dr. Donald Porter, paediatrician of Saint John, discussed the treatment of children and Dr. Earle H. Maynard reviewed the more recent developments in intravenous therapy. Dr. William Warwick, Chief Medical Officer of the Province, spoke on provincial grants. At the luncheon on the second day, the guest speaker, Mr. C. C. Avard, chairman of the board of regents of Mount Alliston University and editor of the Maritime Advocate and The Sackville Tribune, spoke on the subject, "Hospitals as They Look to a Mere Layman". Mr. Avard gave special consideration to the two modern trends of preventive medicine and state medicine.

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Saskatchewan Nursing Home Opened at Weirdale

The new Weirdale Presbyterian Nursing Home, Weirdale, Saskatchewan, which has been under construction for the past two years, was officially opened on July the 9th. At this ceremony which was attended by some 200 people the Moderator of Saskatchewan Presbytery spoke.

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FREQUENTLY the roentgenologist gets a case where radiographs with infinitely fine definition are imperative. Yet, on the other hand, he knows that contrast and mobility of the patient also are important considerations.

The Patterson Detail Intensifying Screen is specifically designed to meet the needs of such situations. Now in extensive use by the radiological profession, it is satisfying not only the most exacting detail requirements—but, in addition, is providing the valuable advantages of speed and excellent contrast.

Other features of this Patterson Detail Screen include, in part, the following:

1. Equally high efficiency at high or low kilovoltages.
2. Same technique and handling as for all other screens.
3. Especially useful with super-power apparatus and rotating anode tubes.
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5. Assures minimum secondary effect—less wear on equipment and tubes—minimum exposure to patients.

Consult your dealer regarding the possibilities of using this Patterson Detail Screen to advantage.

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Towanda, Pennsylvania U. S. A.

Patterson
X-RAY
Screens

1914 — 25TH ANNIVERSARY — 1939

25 YEARS OF CONCENTRATION ON ONE TASK—THE DEVELOPMENT OF BETTER X-RAY SCREENS

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X-RAY Screens

1914 — 25TH ANNIVERSARY — 1939

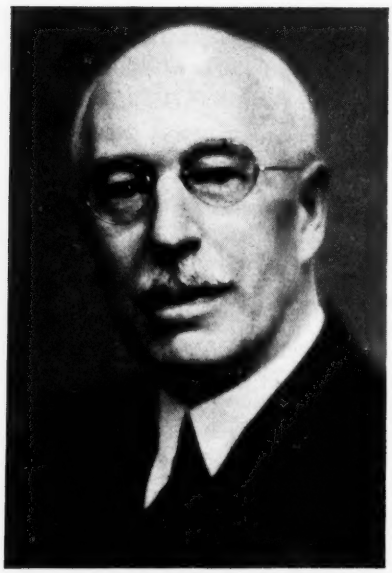
25 YEARS OF CONCENTRATION ON ONE TASK—THE DEVELOPMENT OF BETTER X-RAY SCREENS

Right—

Dr. Walter F. Langrill.

Left—

Dr. M. G. Brown.



Dr. M. G. Brown to Succeed Dr. Walter F. Langrill

Dr. Walter F. Langrill, who has for so many years been superintendent of the Hamilton General Hospital and whose tenure of office has witnessed such a commendable expansion in the activities of this institution, will retire in September. Dr. Langrill has been instrumental in introducing to his hospital many of the features which have made this institution famous. For many years he has taken a very active interest in the work of his provincial hospital association.

He will be succeeded by Dr. M. G. Brown, M.C., who has been for many years, the assistant superintendent of this hospital. Dr. Brown graduated from Queen's University in 1916. He at once went to the war, where he received the Military Cross and was mentioned in dispatches. He was medical officer of the 85th battalion from Nova Scotia and stayed with this battalion until the end of the war. Following his return, he was an intern in the Hamilton General for two years and then assumed the post of assistant superintendent.

Recommendations for Health Protection of X-ray and Radium Workers

THE recommendations of the International X-ray and Radium Protection Commission to protect the health and wellbeing of those doing x-ray and radium work are as follows:

"1. The dangers of over exposure to x-rays and radium can be avoided by the provision of adequate protection and suitable working conditions. It is the duty of those in charge of x-ray and radium departments to ensure such conditions for their personnel. The known effects to be guarded against are:

(a) Injuries to the superficial tissues.

(b) Changes in the blood and derangements of internal organs, particularly the generative organs.

The evidence at present available appears to suggest that under satisfactory working conditions, a person in normal health can tolerate exposure to x-rays or radium gamma rays to an extent of about 0.2 international roentgen (r) per day or 1 r per week. On the basis of continuous irradiation during a working day of seven hours, this figure corresponds to a tolerance dosage rate of 10-5 r per second. The protective values given in these recommendations are generally in harmony with this figure under average conditions.

Working Hours, Etc.

2. The following working hours, etc., are recommended for whole-time x-ray and radium workers:

(a) Not more than seven working hours a day in temperate or cold climates. For workers in tropical climates shorter hours may be desirable.

(b) Not more than five working days a week. The off-days to be spent as much as possible out of doors.

(c) Not less than four weeks holidays a year, preferably consecutively.

(d) Whole-time workers in hospital x-ray and radium departments should not be called upon for other hospital service.

(e) X-ray, and particularly radium workers, should be systematically submitted, both on entry and subsequently at least twice a year, to expert medical, general and blood examinations, special attention being paid to the hands. These examinations will determine the acceptance, refusal, limitations or termination of such occupation.

(f) The amount of radiation received by operators should be systematically checked to ensure that the tolerance dose is not exceeded. For this purpose, photographic films or small-capacity condensers may be carried on the person."

(Continued on page 32)

THE extreme care used in the production of Squibb Cyclopropane results in a gas of exceptional purity. Exacting control begins with the selection and testing of the raw materials. Elaborate purification methods are employed and careful chemical analyses are made before the gas is released for use.

The high quality of Squibb Cyclopropane has been amply demonstrated by clinical experience and the Squibb product has been generally accepted by anesthetists throughout the country as a dependable anesthetic agent.

Cyclopropane Squibb is supplied in 30 (AA)-, 75 (B)-, and 200 (D)-gallon cylinders and in 2-, 6-, and 25-gallon Amplons.* The AA, B, and D Squibb cylinders are made of special thin steel. They are light in weight (the D cylinder weighs only 7½ pounds), yet comparable in strength to the old standard cylinders.

Note: Cyclopropane is a highly potent gas and should be used only by anesthetists familiar with the technique of its administration.

*Amplon is a Squibb trade-mark.

For information and booklet on Cyclopropane address 36 Caledonia Road, Toronto

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MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

Recommendations for Health Protection of X-ray and Radium Workers

(Continued from page 30)

The British X-Ray and Radium Protection Committee, in its fifth revised report accepts these recommendations and adds the following helpful detail for those making blood examinations:

"Before beginning work or training, the normal leucocyte level should be found by making three total and differential blood-counts in the afternoon. (The counts may be made on different afternoons, or on the same afternoon at half-hourly intervals.) If none of the total counts reach 6,000 per c.mm. and none of the lymphocyte counts reach 1,200 per c.mm. the applicant should not be accepted for service.

"Periodical total and differential blood-counts of the worker should be made during the afternoon period, every six months in the case of the x-ray worker, and every three months in the case of the radium worker. The six-months' period may be considerably extended in the case of x-ray workers in departments which otherwise comply with the Recommendations of the Protection Committee.

"If at any time there is found to be a decided and sustained drop in either the total leucocyte or the total lymphocyte count the worker should cease work and be placed under treatment for an adequate period. On resumption of work every care should be taken and the circumstances of the work should be reviewed so as to prevent a recurrence."

The Management of Tuberculosis in General Hospitals

The Management of Tuberculosis in General Hospitals, prepared for the Council on Professional Practice of the American Hospital Association by Dr. William H. Oatway, Jr., of the University of Wisconsin and synopsized in our leading article in the July number, is now available for distribution. Copies of the manual have been sent routinely to each institutional member of the American Hospital Association with the compliments of the association. Additional paper-covered copies are available at fifty cents per copy and a limited number bound in cloth may be obtained at one dollar per copy.

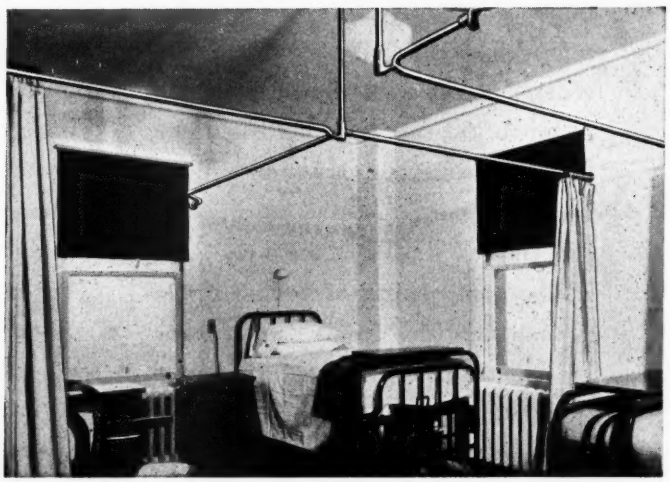
Royal Victoria Hospital, Montreal, Makes Appointment

Dr. Emerson Smith, F.A.C.S., F.R.C.S. (C) was recently appointed urologist-in-chief at the Royal Victoria Hospital. Dr. Smith, who was formerly connected with the University of Alberta as professor of urology, succeeds Dr. D. W. MacKenzie.

SUPERINTENDENT WANTED

Thoroughly experienced superintendent required for a completely modern sixty-bed hospital. All graduate staff at present but should be able to handle training school. Salary $1,380 per annum with maintenance. Duties to commence October 8th. Applications stating age, experience and references to be addressed to Secretary, Prince Rupert General Hospital, P.O. Box 219, Prince Rupert, B.C.

WHY WASTE WORDS?



Pictured above is a Stan-Steel curtain installation, a usual sight in advanced Canadian Hospitals—the Stan-Steel reputation for integrity of policy and superiority of manufacture stands behind every installation. Should you wish to know more, write us. We promise a prompt, interesting reply.

METAL FABRICATORS LIMITED

WOODSTOCK, ONTARIO

Post-graduate Course in Paediatrics in Montreal

The Children's Memorial Hospital will hold its fourth annual post-graduate course in children's diseases, September 25th to October the 4th. This course will include lectures and demonstrations in medicine, surgery, and the specialties, as applied to children. There will also be demonstrations of physical, recreational and vocational therapy. A large number of the leading members of the hospital staff are taking part in this course.

The registration fee is $25, which includes luncheons at the hospital for the duration of the course and an informal dinner at the Faculty Club during the course. Applications should be made to Dr. J. E. de Belle, superintendent of the Children's Memorial Hospital at Cedar Avenue, Montreal.

$100,000 Legacy for Sweetsburg Hospital

The Brome Missisquoi Perkins Hospital at Sweetsburg, Que., was named residuary legatee under the will of the late Lillian A. Peasley of Bolton Centre, and will receive approximately one hundred thousand dollars.

Sanatorium Opened in Quebec

The new tuberculosis sanatorium at Mont-Joli, Quebec, was officially opened by Hon. E. L. Patenaude, Lieutenant-Governor of Quebec on July 23. The ceremony was attended by several Cabinet members and leading religious officials of Quebec.

Dr. H. C. P. Hazelwood

The appointment of Dr. H. C. P. Hazelwood as physician-in-chief to the Muskoka Hospital For Consumptives in Gravenhurst, Ont., has been confirmed by the board of directors of the National Sanitarium Association. Dr. Hazlewood succeeds Dr. W. B. Kendall, who held the post for 32 years until his recent retirement.

Kellogg's ALL-BRAN provides iron and Vitamin B, as well as LAXATIVE BULK

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News of Hospitals and Staffs

Provincial Medical Men Request Enlargement of Halifax Hospital

A resolution calling for increased accommodation at government-maintained Victoria General Hospital, Halifax, was unanimously endorsed by medical men from all parts of Nova Scotia at the recent annual meeting of the Nova Scotia Division of the Canadian Medical Association. A copy of the resolution was sent to the Hon. F. R. Davis, Minister of Health, with the request that he place the matter before the government.

* * *

Prince Rupert Hospital Opened

The opening of the new Prince Rupert Hospital, British Columbia, took place on July the 14th. Hon. G. M. Weir, Minister of Health, represented the government on this occasion.

* * *

Industrial Owned Hospital Completed

The Lieutenant-Governor of Quebec, Hon. E. L. Patenaude, attended the opening of the George Boisvert Memorial Hospital at Baie Comeau, Quebec, on July the 23rd. The new hospital, owned and operated by the Quebec North Shore Paper Company, will be in charge of Dr. D. S. Thurber. The hospital was built as a memorial to George Boisvert, a French-Canadian forest engineer prominent in the early development of Baie Comeau.

Congratulations

Congratulations are in order for Dr. J. A. Dobbie, assistant superintendent of the Ottawa Civic Hospital, who last month was elected Grand Master of the Grand Lodge of Canada A.F. and A.M. in the Province of Ontario.

* * *

New Hospital Considered After Fire

A fire at the Penticton Hospital, British Columbia, which is believed to have burned for at least an hour before discovery, caused $5,000 damage on June the 21st. Patients were removed from the building by doctors, nurses and volunteer workers within a few minutes of the discovery of the fire. The loss was covered by insurance. A new hospital is being considered and application is being made to the government for a $50,000 grant towards a new $150,000 hospital.

* * *

New Wing and Tuberculosis Unit Opened at Glace Bay

The official opening of the new wing of St. Joseph's Hospital, Glace Bay, and the tuberculosis unit took place recently. His Excellency Bishop James Morrison officiated at the opening of the Hospital wing and the minister of health, Hon. F. R. Davis, M.D., inaugurated the tuberculosis unit.

GADGETS

One of the features of the convention of the American Hospital Association in Toronto will be a "gadget exhibit". Most hospitals have worked out some simple arrangement which enables them to meet some particular need on the wards or elsewhere with some homemade, comparative inexpensive device. Other hospitals would be glad to adopt these ideas if they only had a chance to know about them. The idea of the "gadget exhibit" is to pass these ideas along to the other fellow.

Have you anything to exhibit?

The little gadgets illustrated were shown to the editor by Mr. Ellard Slack, superintendent of the Samuel Merritt Hospital at Oakland, California. The upper one shows a simple homemade carriage for transporting cylinders of CO_2 mixtures and other gasses to the bedside or elsewhere. The lower illustration shows how an ordinary double boiler and electric plate can be used to make hot compresses at the bedside. The woollen cloths are placed in the upper compartment, steam being generated in the lower section.

The actual piece of equipment may be sent or, if desired, a small model may be furnished. If unable to send the equipment or a model, a large size photograph of the gadget, with adequate explanatory detail, would be acceptable. Communicate with Miss Pearl Morrison, Hospital for Incurables, Dunn Ave., Toronto.

New Wing Named in Commemoration of Royal Visit

The Brantford General Hospital has received official permission to name the new wing, at present under construction, the "Queen Elizabeth Pavilion".

* * *

Dominion Acquires Manitoba Hospital for Indian T.B. Unit

Dynevor Hosital, a few miles north of Selkirk, Manitoba, which has been used as a hospital for sick Indians and operated by the Anglican church for 43 years, has been sold to the Dominion Government for use as a tuberculosis sanatorium for the Indian population of Manitoba.

Construction

The erection of a general hospital is being considered at Fort Frances, Ontario.

* * *

The Vermilion municipal hospital board of Vermilion, Alberta, has decided to make application under the Federal Municipal Assistance Act for funds to build a new wing on the hospital.

* * *

Armstrong & Monteith are the general contractors for the new $400,000 wing to be erected by St. Paul's hospital, Vancouver.

* * *

Donors and subscribers of the Royal Jubilee Hospital, Victoria, have endorsed the directors' decision to proceed this year with a $150,000 building program.

* * *

It is reported that the Ontario Department of Health has approached the city of Ottawa with the proposal of enlarging the Royal Ottawa Sanatorium by a new 125-bed wing.

* * *

The province of British Columbia has promised a $50,000 grant toward the building of a new hospital unit in Kelowna, the total cost of the unit to be $140,000.

* * *

The Hotel Dieu Hospital, Campbellton, New Brunswick, has abandoned plans for a new wing but is going ahead with the construction of a $200,000 annex.

* * *

Tenders have been called by the provincial Minister of Highways and Works for erection of a 50-room addition to the Nurses' Home at the Victoria General Hospital, Halifax. Plans have been prepared by Andrew R. Cobb, Halifax architect.

* * *

Tenders are to be called shortly for the construction of the $100,000 fireproof hospital at Chilliwack, British Columbia.

* * *

We are here to add what we can *to*, not to get what we can *from*, life.

—Sir William Osler.

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Medicinal Spirits
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Women's Hospital Aids Association
Province of Ontario, Canada

Association formed 1910 *Individual Aid formed 1865*

The Kingston Hospital Aid held a delightful and successful garden party in the grounds of Mr. and Mrs. Kidd, who hospitably extend the use of their beautiful gardens each year for this much looked forward to event. Besides the pleasant social time spent on this occasion, over three hundred and fifty dollars was realized for hospital auxiliary work.

Ayr hospital auxiliary held a get-together recently when aid members were present from Kitchener, Paris, Galt, Freeport and Waterloo, besides Women's Institute representatives. This garden fete was planned to be held in the gardens of "The Gore", the beautiful home of Mrs. F. A. Cleland. Doctor Woollner, during the afternoon, gave a brief resume of the accomplishments of this splendid little group of twenty-four members who have worked valiantly for thirty-four years. Their responsibilities are now equally divided between Freeport Sanatorium and Galt General Hospital. Several hundred jars of fruit and jam have been given; blankets for both institutions; bedside tables; bed-screens; chart desks; bed and air cushioned mattresses; special treats for patients; a ward furnished in the new east wing and contributions to furnishing new nurses' home. Much credit is due the faithful members of this group. The Provincial President gave a much appreciated and inspirational talk during the afternoon.

The Stratford Hospital Aid this year as in former years presented the graduating class with "Handy References for Nursing"; also assisted very materially in receiving and serving during reception after graduation. A successful rose tag day was held recently when Stratford citizens responded generously in the purchase of roses. A number of Stratford hospital auxiliary ladies motored to the Lakeshore Highway Convalescent Camp and attended the formal opening.

It was noted particularly that with few exceptions this year, hospital auxiliary officers presented gifts of thermometers, kit bags, reference books or other outstandingly useful gifts to each of the graduating class. These gifts were presented by Aid officers during the graduation program. All Hospital Aids of the Province have in some measure advanced the comfort and well-being of the nurses and have built and furnished nurses' homes and provided scholarships, classroom equipment, radios, libraries, entertainment and as a matter of fact a multitude of gifts to advance the comfort, progress and happiness of the student nurses.

Hillcrest Hospital Appoints Matron

The Board of Management of Hillcrest Convalescent Hospital, Toronto, announce the appointment of Mrs. Mary F. Bowman, Reg. N., as Matron of the hospital.

No man can climb out beyond the limitations of his own character.—*John, Viscount Morley.*

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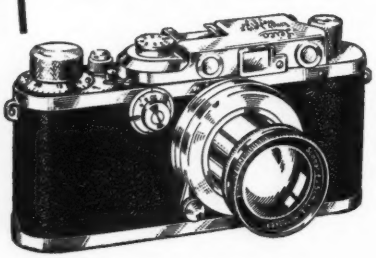

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Book Reviews

HOSPITAL LIBRARIES. By. E. Kathleen Jones. Pp. 208. Price $2.50. The American Library Association, Chicago, Ill., 1939.

This volume presents in very convincing terms the value of the hospital library as a therapeutic factor, as a stimulating element in building up morale within the hospital, and as an agent for the fine reputation of the hospital.

The author has gone very carefully into the selection of books for patients and the type of service for general, mental and tuberculosis hospitals, considering patient population, personnel and resources; examples are given of the systems (group or unit service) as used in different American hospitals of these three types. Service to children in hospital is also covered. The personal ajustments to be made by the librarian who enters hospital work are discussed and a very detailed account of the organization and routines of hospital libraries for patients is given. Special chapters deal with professional libraries and the development of hospital libraries. The appendices give the source of supplies mentioned in the book and an excellent bibliography of periodical articles.

The material in this book will be of value to those who are attempting any kind of hospital library service and will be of much interest to the librarian in the well-organized hospital library.

* * *

THE IMMORTAL TOOTH. By Edward Samson. Pp. 271. Price $2.75. John Lane, The Bodley Head, London. The MacMillan Company, Canada, 1939.

In his introductory chapter, Edward Samson, a distinguished dental surgeon, attempts to orient the suspicious reader to the idea of the generic tooth, *the tooth* as a conception—and he has managed to be amusing and convincing at one and the same time.

The importance of the tooth in tracing the evolution of man, its central place in the superstitions and mythology of all early races (traces of which remain to-day) and the role which the tooth plays in modern criminology are dealt with in interesting detail. The author has prophesied rather gloomily that though there may be weeping, there will be little gnashing of teeth at the judgment day for our generation, for the simple reason that there will be no teeth. However, his statement that dental research has failed to find a means of controlling dental caries apparently does not take into account the important work done by Canadian research workers. After presenting the tooth as an economic and sociological factor, the author asks us to consider it as a political influence and suggests that the "abnormality" of present day dictators may be caused by dental decay and resultant neurosis.

A Victorian Custom

In an account of a meeting in London with Lord Balfour, Sir James Barrett says:

"When he was Leader of the House he had to write in longhand an account of the proceedings of the House of Commons every evening and send it by messenger to Queen Victoria. Later King Edward VII allowed him to employ a secretary, and later King George V. was satisfied with a telegram."—"Sir James Barrett Looks Back" *The Herald,* Melbourne, Australia.

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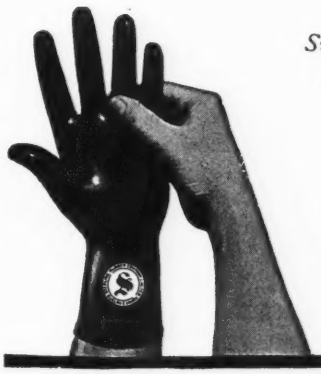

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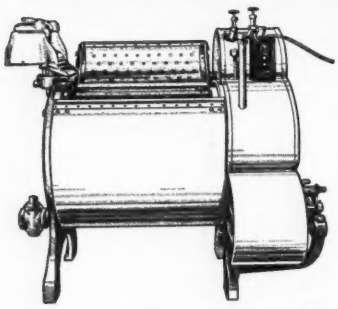

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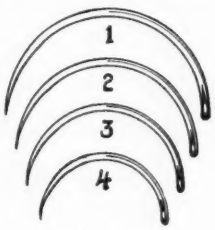

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The Cardinal Functions

" . . . . each and every hospital is founded upon three cardinal functions:—

(a) The care of the sick and injured.

(b) The teaching of disease—its manifestations and treatment.

(c) The study of disease and the promulgating of all advances consequent upon same.

Dependent upon the location and the resources of the hospital, these three cardinal functions may be kept in absolute balance or any one of them may be developed to a greater extent than the other two."

—From Hospital Administration (a talk to the Montreal Volunteers as arranged by the Central Volunteer Bureau) by John C. Mackenzie, M.D., Montreal, 1938.

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